



Health Care in Massachusetts: Key Indicators

May 2010

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Commonwealth of Massachusetts
Timothy P. Murray
Lieutenant Governor



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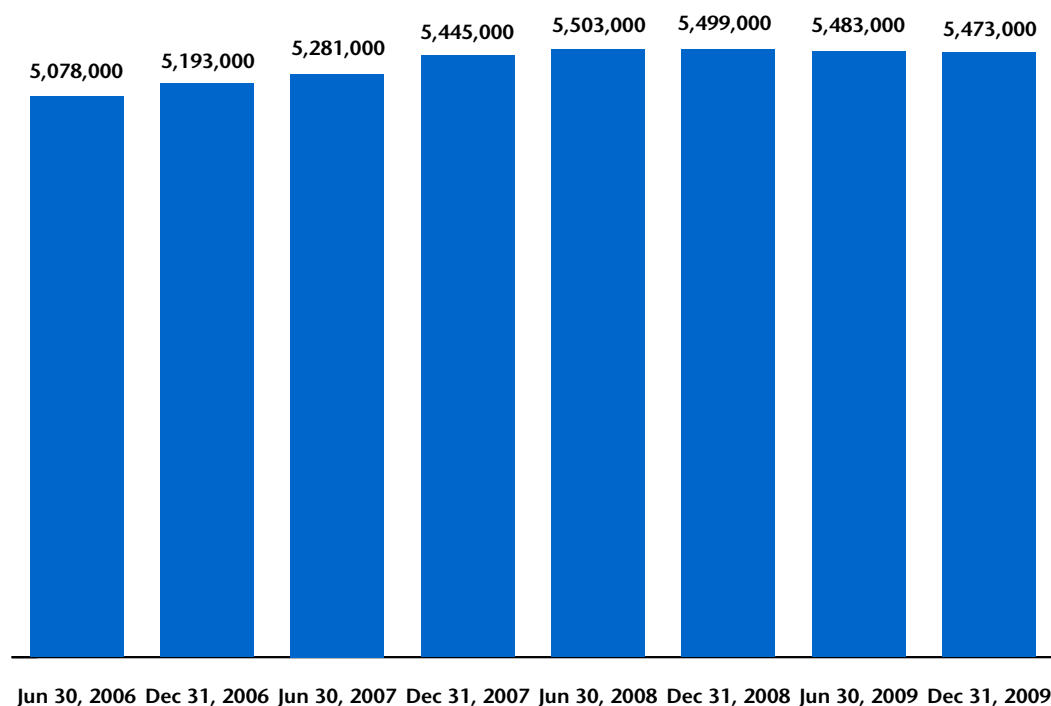
About this Report

Health Care in Massachusetts: Key Indicators is a quarterly report from the Division of Health Care Finance and Policy (DHCFP). *Key Indicators* provides an overview of the Massachusetts health care landscape through data reported by providers, health plans, government, and surveys of Massachusetts residents and employers.

In this edition, DHCFP found that since the implementation of health reform, over 395,000 additional people have obtained health insurance. Approximately 25% of that growth (100,000) has been in private group coverage (i.e., through employers) or individual purchase. In the 12-month period between December 2008 and December 2009, MassHealth enrollment increased while enrollment in the private group market decreased. The decrease in private group enrollment is likely due, in part, to employment losses over the period, a trend similar to that observed in the national economy. Also, between December 2008 and December 2009, the number of Massachusetts residents with individually-purchased insurance increased by 34,000. Much of this growth occurred during the second half of calendar year 2009 (June through December) as approximately 26,000 individuals who lost membership in Commonwealth Care between June 2009 and September 2009 gained enrollment in CeliCare Health Plan of Massachusetts starting on October 1, 2009.

This edition updates information on the Health Safety Net and cost trends in health insurance premiums compared to the Commonwealth Health Insurance Connector Authority's affordability schedule for 2009. This edition also updates health plan financial performance for the year ending December 31, 2009, as well as MassHealth members ages 65 and older and enrollment in Prescription Advantage. Other updates include acute hospital financial performance and access to health care measures from the Behavioral Risk Factor Surveillance System (BRFSS). Community health center financial performance, Health insurance offer and take-up rates from the DHCFP employer survey, and insurance coverage and access measures from DHCFP's household survey are not updated in this edition; these pages are carried over from the previous edition and will be updated in the next *Key Indicators*.

People with Health Insurance Excludes Medicare Enrollees



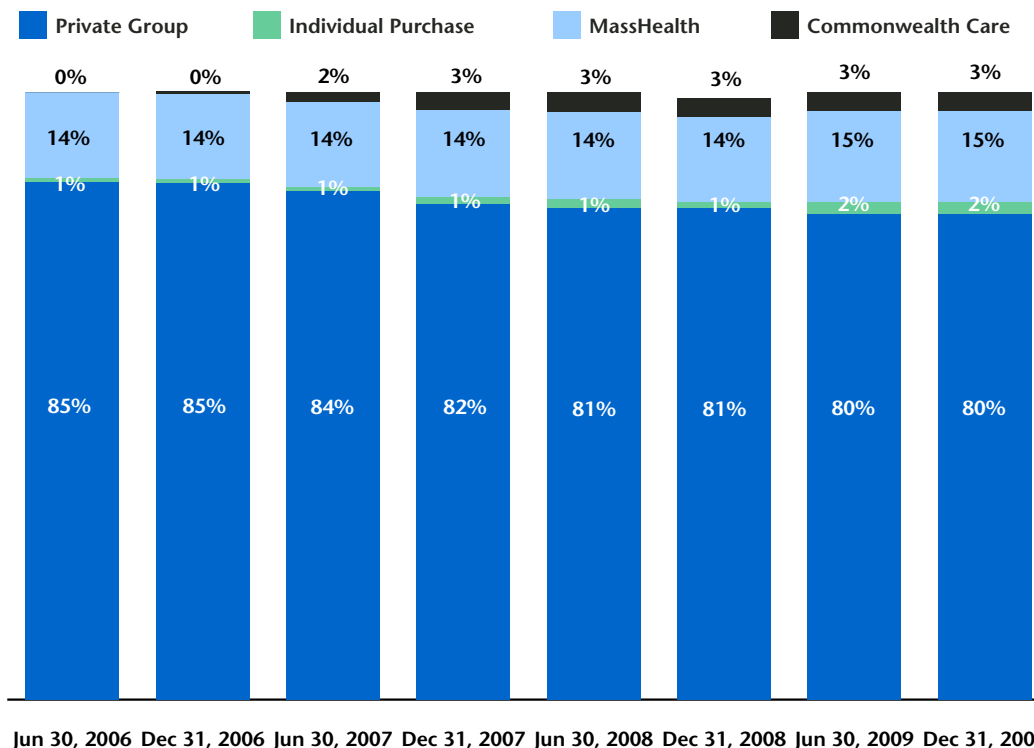
Change since June 30, 2006: + 114,000 + 202,000 + 367,000 + 425,000 + 421,000 + 405,000 + 395,000

Notes: Data reflect total enrollment, rounded to the nearest thousand, as of the specified date. Totals include Massachusetts residents enrolled in health insurance products offered by the following health plans and their affiliates: Aetna Health, Blue Cross Blue Shield (BCBSMA, HMO Blue and Massachusetts residents insured through other Blue Cross Association plans), Boston Medical Center HealthNet Plan, CeliCare, CIGNA, ConnectiCare, Fallon, Great-West Health Care, Harvard Pilgrim Health Care, HealthMarkets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, MassHealth, Neighborhood Health Plan, Network Health, Tufts, UniCare and UnitedHealthcare. Data exclude the following insured Massachusetts residents: federal employees not insured through a commercial carrier, active duty military personnel and their families who receive services through Champus/Tricare only, and inmates of the Department of Correction. MassHealth enrollment for June 30, 2009 and September 30, 2009 are estimated from other MassHealth data since final data for these periods were not available. Numbers may not match previous editions of Key Indicators, as health plans may revise enrollment information in previous quarters. In addition, in this edition of Key Indicators the method of collection of enrollment data for GIC was changed to more accurately capture fully-insured and self-insured UniCare enrollment, increasing total enrollment by less than one percent in all years.

Sources: Membership reported to DHCFF by health plans, and MassHealth; Commonwealth Care enrollment data are from the Commonwealth Health Insurance Connector Authority.

Since the implementation of health care reform, 395,000 additional people have obtained health insurance. This is down from a peak of 425,000 at the end of June 2008, a decline of 7.1% (or 30,000 fewer enrollees) over the period. As noted on the following pages, this decline is likely due, in part, to employment losses over the period, similar to the trend observed nationally.

Insured Population by Type of Insurance Excludes Medicare Enrollees



Number of Members (rounded to the nearest 1,000):

	Jun 30, 2006	Dec 31, 2006	Jun 30, 2007	Dec 31, 2007	Jun 30, 2008	Dec 31, 2008	Jun 30, 2009	Dec 31, 2009	Change Since June 30, 2006:
Private Group	4,333,000	4,395,000	4,433,000	4,457,000	4,467,000	4,474,000	4,413,000	4,359,000	+ 26,000
Individual Purchase	40,000	39,000	36,000	65,000	76,000	81,000	89,000	115,000	+ 74,000
MassHealth	705,000	741,000	732,000	765,000	785,000	781,000	804,000*	849,000	+ 143,000
Commonwealth Care	0	18,000	80,000	158,000	176,000	163,000	177,000	151,000**	+ 151,000
Total Members	5,078,000	5,193,000	5,281,000	5,445,000	5,503,000	5,499,000	5,483,000	5,473,000	+ 395,000

Notes: Private group includes large group, small group, and self-insured members reported by the health plans listed on page 6. Individual purchase includes Commonwealth Choice and residual non-group market. MassHealth enrollment does not include members with partial coverage or premium assistance; they are counted in the private plans. These members include Seniors, MassHealth Limited, individuals with third party liability (e.g., disabled with Medicare), and Family Assistance/Insurance Partnership. Commonwealth Care includes enrollment in Boston Medical Center HealthNet Plan, Fallon, Neighborhood Health Plan, and Network Health. Data reflect total enrollment, rounded to the nearest thousand, as of the specified date. Totals include Massachusetts residents enrolled in health insurance products offered by the following health plans and their affiliates: Aetna Health, Blue Cross Blue Shield (BCBSMA, HMO Blue and Massachusetts residents insured through other Blue Cross Association plans), Boston Medical Center HealthNet Plan, CeliCare, CIGNA, ConnectiCare, Fallon, Great-West Health Care, Harvard Pilgrim Health Care, HealthMarkets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, MassHealth, Neighborhood Health Plan, Network Health, Tufts, UniCare and UnitedHealthcare. Data exclude the following insured MA residents: federal employees not insured through a commercial carrier, active duty military personnel and their families who receive services through Champus/Tricare only and inmates of the Department of Correction. Numbers may not match previous editions of Key Indicators, as health plans may revise enrollment information in previous quarters. Numbers may not sum due to rounding. Sources: Membership reported to DHCFP by health plans, and MassHealth; Commonwealth Care enrollment data are from the Commonwealth Health Insurance Connector Authority; Bureau of Labor Statistics.

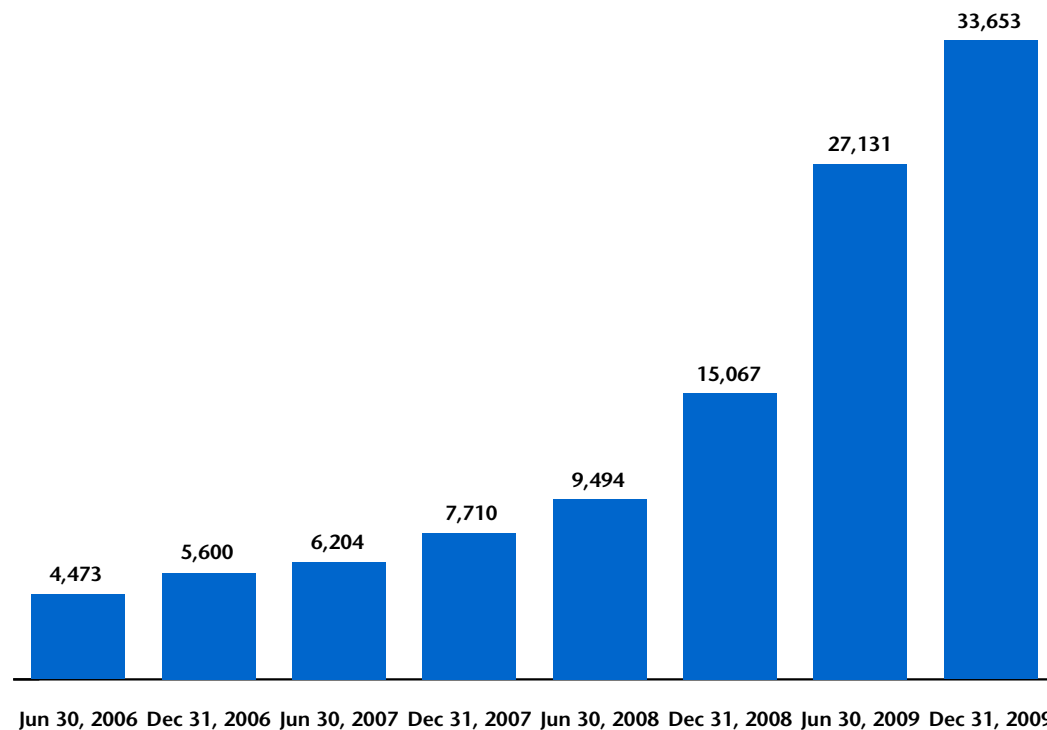
The majority of MA residents are enrolled in private group insurance. Between December 2008 and December 2009, however, there was a decline in private group enrollment of about 115,000. This decline is likely due to the job losses experienced over the period. Similar to trends in the national economy, the state's unemployment rate during this period increased from 6.4% to 9.3% respectively (equivalent to approximately 103,000 newly unemployed residents during the period).

*For June 30, 2009, MassHealth enrollment is estimated since final data for the period were not available.

**From June 2009 to September 2009, Commonwealth Care enrollment decreased by about 27,000 members, attributable to the loss of "aliens with special status" unqualified for federal matching funds. These members were enrolled in CeliCare beginning on October 1, 2009, and are counted in enrollment numbers for individual purchase in December 2009.

Medical Security Program Enrollment

Unemployment Claimants and Dependents



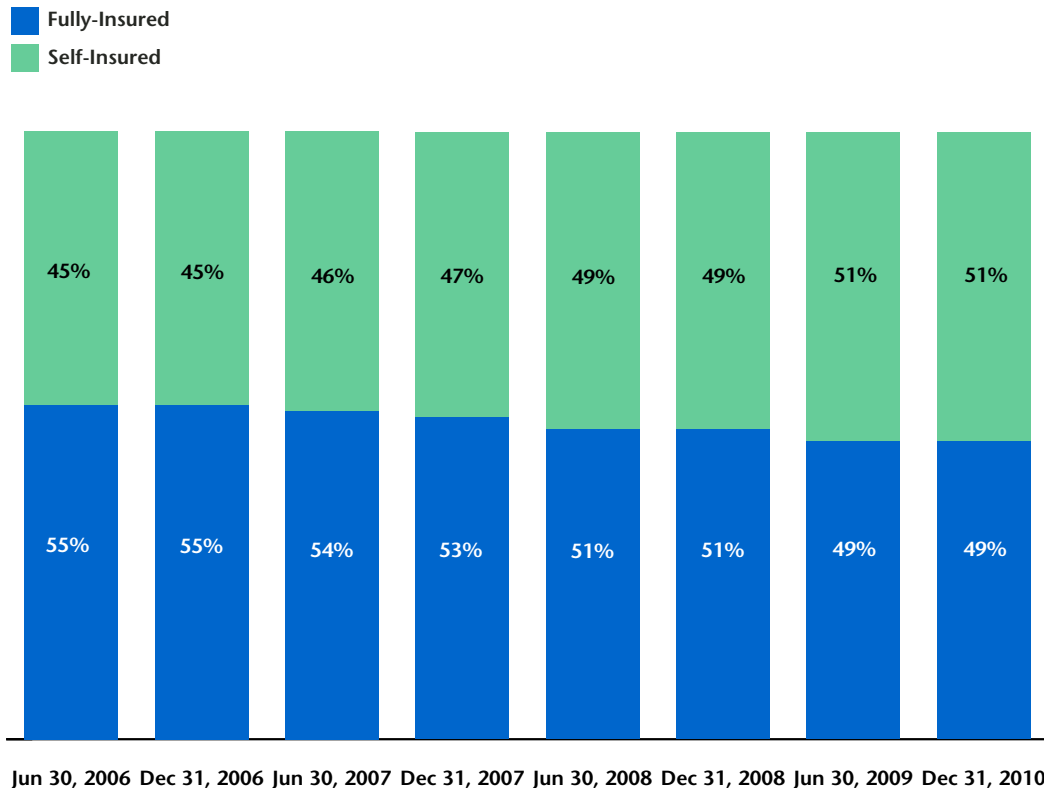
Change since June 30, 2006: + 1,127 + 1,731 + 3,237 + 5,021 + 10,594 + 22,658 + 29,180

The Medical Security Program (MSP) is a health care plan for low- and moderate-income Massachusetts residents receiving unemployment insurance benefits. Since June 2008, MSP enrollment has grown significantly. Enrollment increased by approximately 59% between June 2008 and December 2008, and more than doubled from the end of 2008 to the end of 2009.

The MSP offers two types of coverage: premium assistance for COBRA-eligible individuals, and direct coverage for individuals who do not qualify for COBRA. Premium assistance members are counted in the private group market while direct purchase enrollees are included in individual purchase on page 4. All MSP enrollees are included in the total enrollment on page 3 and are reflected in total enrollment by insurer on page 7. More information on COBRA can be found at www.dol.gov/ebsa/cobra

Notes: Data reflect total enrollment including unemployment insurance enrollees and their dependents.
Source: Massachusetts Division of Unemployment Assistance.

Private Group Enrollment Excludes Medicare Advantage



Membership in self-insured products has grown steadily since December 2006 and currently accounts for more than half of enrollment in private group insurance.

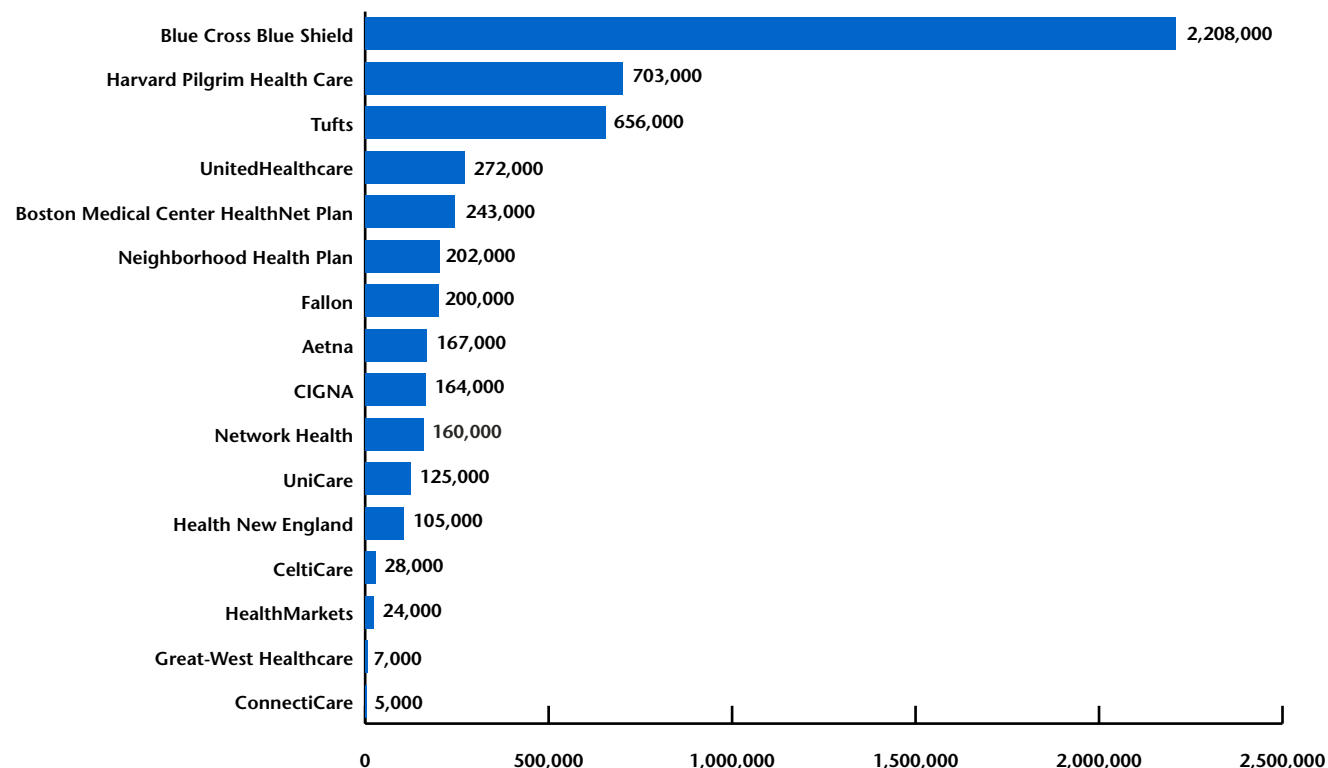
Self-insured products are an arrangement in which an employer provides health benefits to employees and assumes the insurance risk for claims payment. The health plan acts as a third party administrator and is not at risk for medical costs.

Notes: Data reflect enrollment in large and small group health insurance, rounded to the nearest thousand, as of the specified date. Self-insured products are those reported by health plans listed on page 7 and do not include self-administered or third-party administered plans. As a result, the number of self-insured members may be understated. Totals include Massachusetts residents enrolled in health insurance products offered by the following health plans and their affiliates: Aetna Health, Blue Cross Blue Shield (BCBSMA, HMO Blue and Massachusetts residents insured through other Blue Cross Association plans), CIGNA, ConnectiCare, Fallon, Great-West Health Care, Harvard Pilgrim Health Care, HealthMarkets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, Neighborhood Health Plan, Tufts and UniCare. UnitedHealthcare does not report information on fully- and self-insured membership and data are not included on this page. Sources: Membership reported to DHCFP by health plans.

The Employee Retirement Income Security Act (ERISA) exempts self-insured plans from most state oversight and regulations.

Enrollment by Insurer

As of Dec 31, 2009 (Includes Medicare Advantage)



Enrollment figures by insurer include all Massachusetts residents enrolled in health insurance products offered by the identified insurer and its affiliates. MassHealth, Medicare Advantage, and Commonwealth Care enrollment are included in addition to fully- and self-insured group and direct purchase products.

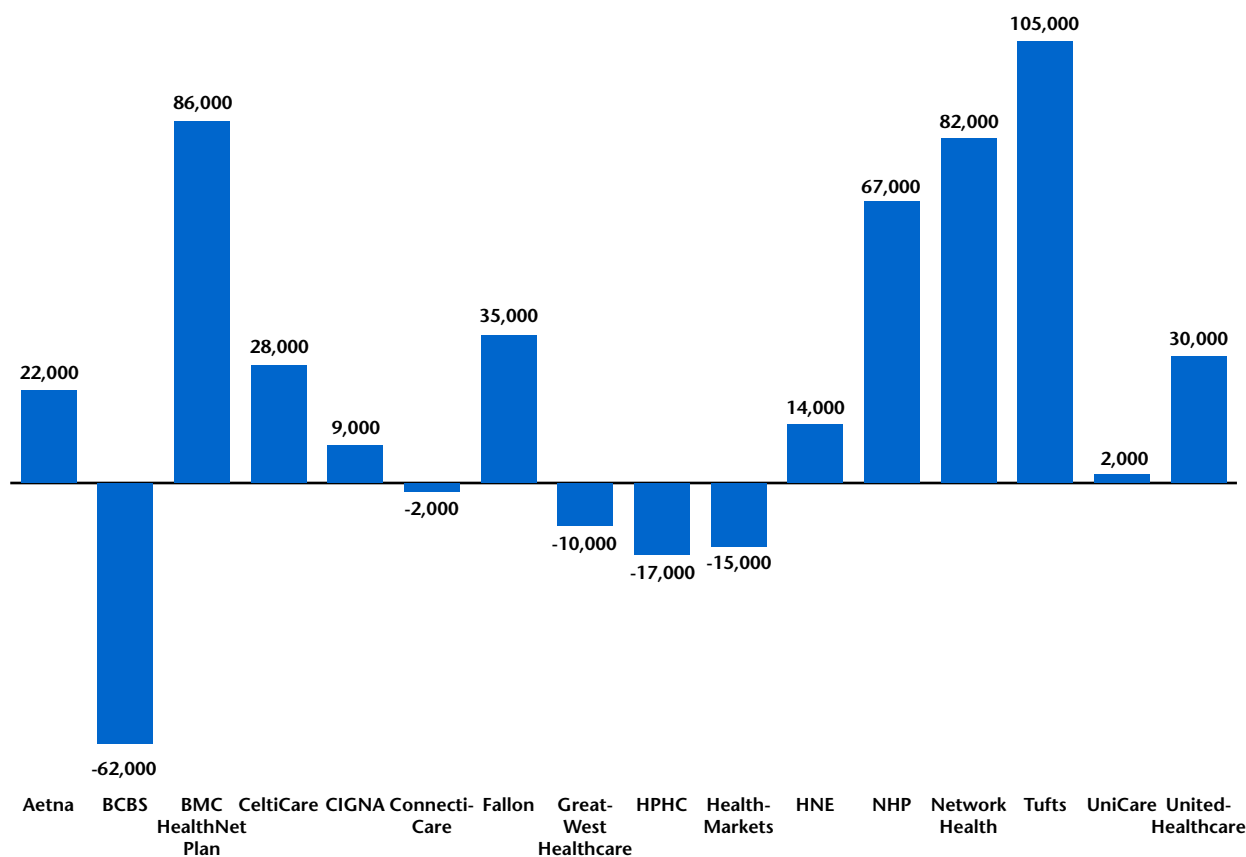
Blue Cross Blue Shield plans provide coverage to more than 42% of Massachusetts residents insured by health plans.

Notes: Data reflect total enrollment as of December 31, 2009. Figures by plan include Massachusetts residents who are enrolled in health insurance products administered by the listed insurer and all of its affiliates. Enrollment includes group, non-group, Commonwealth Choice direct purchase, FEHBP, student health insurance, MassHealth, Medicare Advantage, Commonwealth Care, and fully- and self-insured members. Products offering limited health benefits or supplemental coverage are not included. Joint ventures between health plans are reported by the primary administrator. Blue Cross Blue Shield includes HMO Blue, BCBSMA, Massachusetts residents enrolled in out-of-state association plans that subcontract with BCBSMA, and Massachusetts residents enrolled in other out-of-state association plans. Total numbers of people with health insurance presented on pages 3 and 4 include MassHealth members not enrolled in private plans and exclude Medicare Advantage. Therefore, numbers by insurer will not sum to totals on pages 3 and 4 of this report. Medicare Advantage enrollment figures for UnitedHealthcare are from December 31, 2008 and are updated once a year. UniCare data, previously reported by GIC, are directly from UniCare and include both GIC and other fully- and self-insured products. As DHCFP identifies self-insured members and enrollment in affiliated plans, numbers are not comparable to enrollment or financial information reported in quarterly and annual statements by health maintenance organizations to the Massachusetts Division of Insurance.

Sources: Membership reported to DHCFP by health plans, MassHealth, and the Health Connector.

Change in Enrollment by Insurer

Since Jun 30, 2006 (Includes Medicare Advantage)



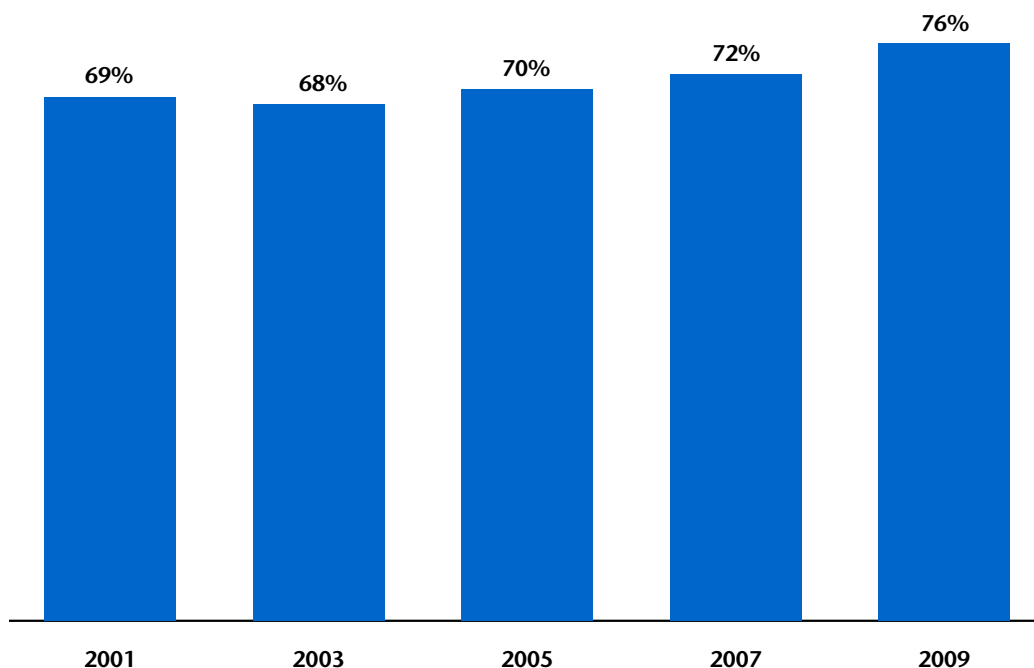
From June 30, 2006 to December 31, 2009, most health plans experienced growth in membership, although a few experienced declines. The most significant increases in membership occurred for Boston Medical Center HealthNet Plan, Neighborhood Health Plan, Network Health, and Tufts Health Plan.

CeltiCare is a new health plan that started providing coverage to Massachusetts residents in 2009. Beginning in October 2009, 27,000 "aliens with special status" who had temporarily lost enrollment in Commonwealth Care became enrolled in the Commonwealth Care Bridge program and received coverage through CeltiCare. This group constitutes the majority of CeltiCare's enrollment as of December 31, 2009.

Notes: Data reflect the change in total enrollment between June 30, 2006 and December 31, 2009. Figures by plan include Massachusetts residents who are enrolled in health insurance products administered by the listed insurer and all of its affiliates. Enrollment includes group, non-group, Commonwealth Choice direct purchase, FEHBP, student health insurance, MassHealth, Medicare Advantage, Commonwealth Care, and fully- and self-insured members. Products offering limited health benefits or supplemental coverage are not included. Joint ventures between health plans are reported by the primary administrator. HPHC losses include enrollees in a plan that is jointly administered by UnitedHealthcare and are included in UnitedHealthcare's enrollment tally. Blue Cross Blue Shield includes HMO Blue, BCBSMA, Massachusetts residents enrolled in out-of-state association plans that subcontract with BCBSMA, and Massachusetts residents enrolled in other out-of-state association plans. Total numbers of people with health insurance presented on pages 3 and 4 include MassHealth members not enrolled in private plans and exclude Medicare Advantage. Therefore, numbers by insurer will not sum to totals on pages 3 and 4 of this report. June 30, 2009 Medicare Advantage enrollment figures for UnitedHealthcare are from December 31, 2008 and are updated once a year. UniCare data previously reported by GIC, are directly from UniCare and include both GIC and other fully- and self-insured products. As DHCFP identifies self-insured members and enrollment in affiliated plans, numbers are not comparable to enrollment or financial information reported in quarterly and annual statements by health maintenance organizations to the Massachusetts Division of Insurance. Sources: Membership reported to DHCFP by health plans, MassHealth, and the Health Connector.

Employers Offering Health Insurance

Percent of Employers



More than three-quarters of Massachusetts employers offer health insurance to their employees. The Massachusetts employer offer rate increased to 76% in 2009 from 69% in 2001 as the national rate declined to 60% from 68% during the same time period.

Employers offering health insurance represents the proportion of all employers in Massachusetts who make health insurance available to employees. Changes in the employer offer rate do not reflect employment and/or unemployment fluctuations in the state's economy.

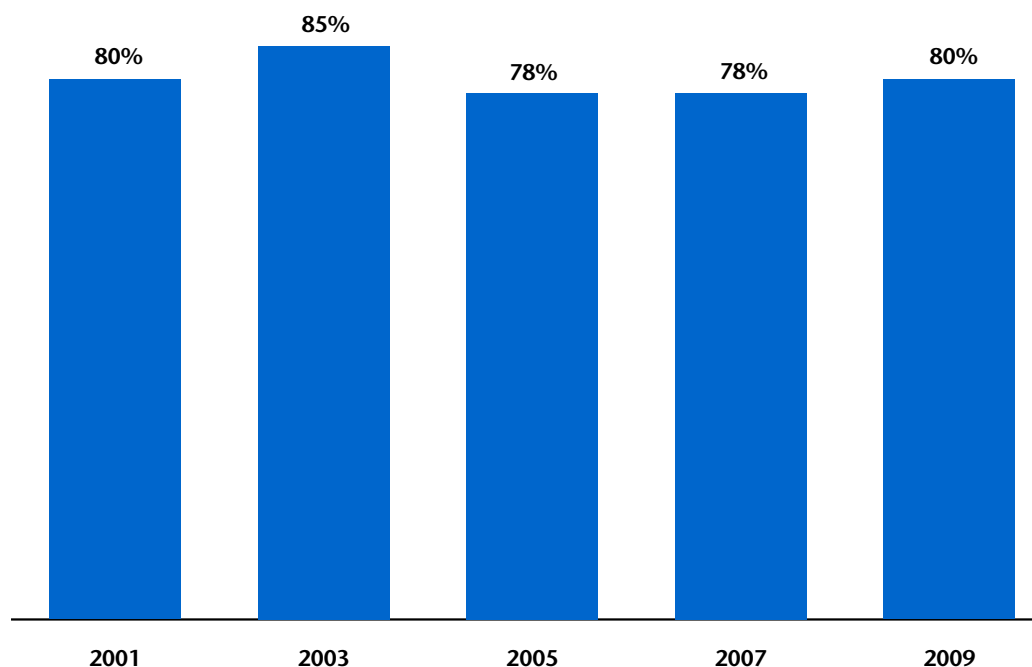
Note: The changes from year to year are not statistically significant.

Sources: DHCFP Employer Survey for 2001, 2003, 2005, 2007, and 2009. National data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust (HRET) Employer Benefits Survey, 2001-2009.

For further information on the 2009 Employer Survey Report, visit www.mass.gov/dhcfp and follow the "Publications and Analyses" link.

Employees Enrolled in Health Insurance

Percent of Eligible Employees



Eighty percent of employees eligible for health insurance enrolled in their employer's health plan in 2009. This rate is comparable to the national rate of 81% for the same period, as reported in the Kaiser/HRET survey.

Employee take-up rate of employer-sponsored insurance may be affected by changes in the employment status if, for example, someone who had been covered under an employer plan and purchasing family coverage loses his or her job, an employed spouse who may have previously opted out of coverage, may choose to opt into employer coverage to cover the family.

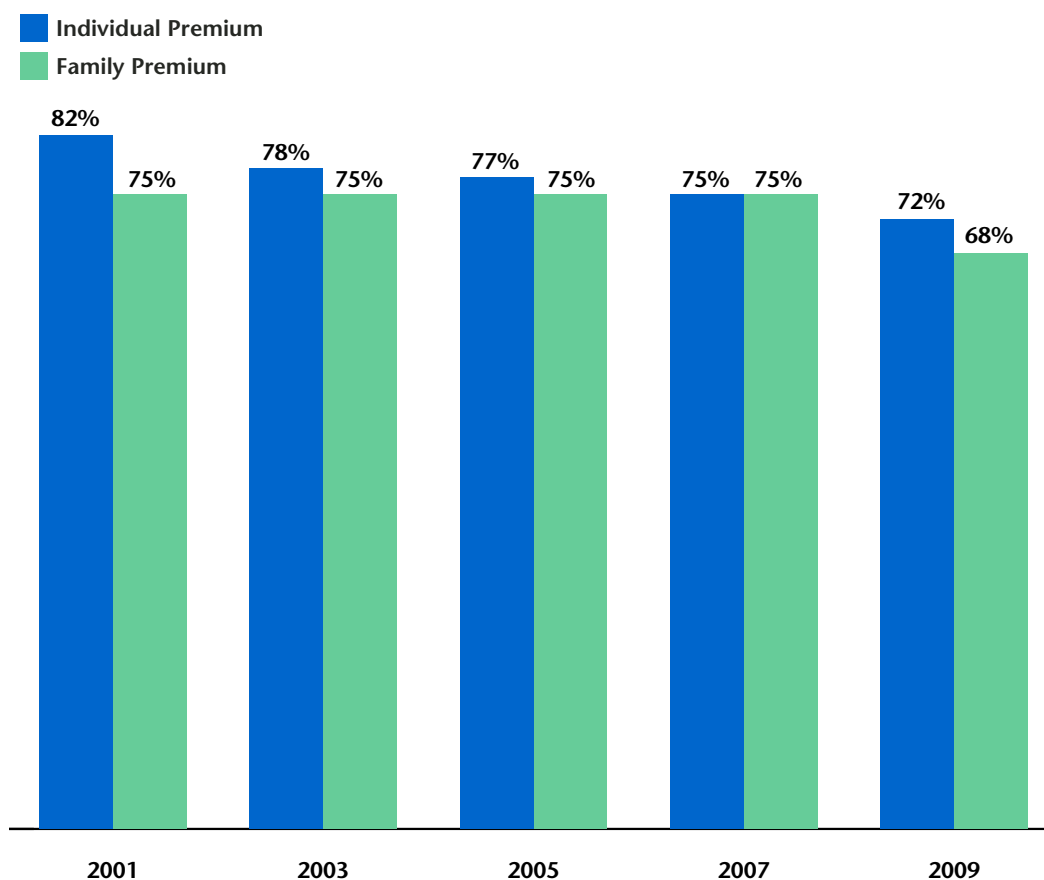
Note: Data reflect medians.

Sources: DHCfP Employer Survey for 2001, 2003, 2005, 2007, and 2009. National data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust (HRET) Employer Benefits Survey, 2001-2009.

For further information on the 2009 Employer Survey Report, visit www.mass.gov/dhcfp and follow the "Publications and Analyses" link.

Employer Contributions to Health Insurance

Percent of Individual and Family Premiums



From 2007 to 2009, employers' percentage contributions to individual and family health insurance premiums declined in Massachusetts, with contributions toward family premiums declining by 7 percentage points. Nationally, employers contributed higher percentages toward individual and family premiums in 2009 (83% and 73%, respectively).

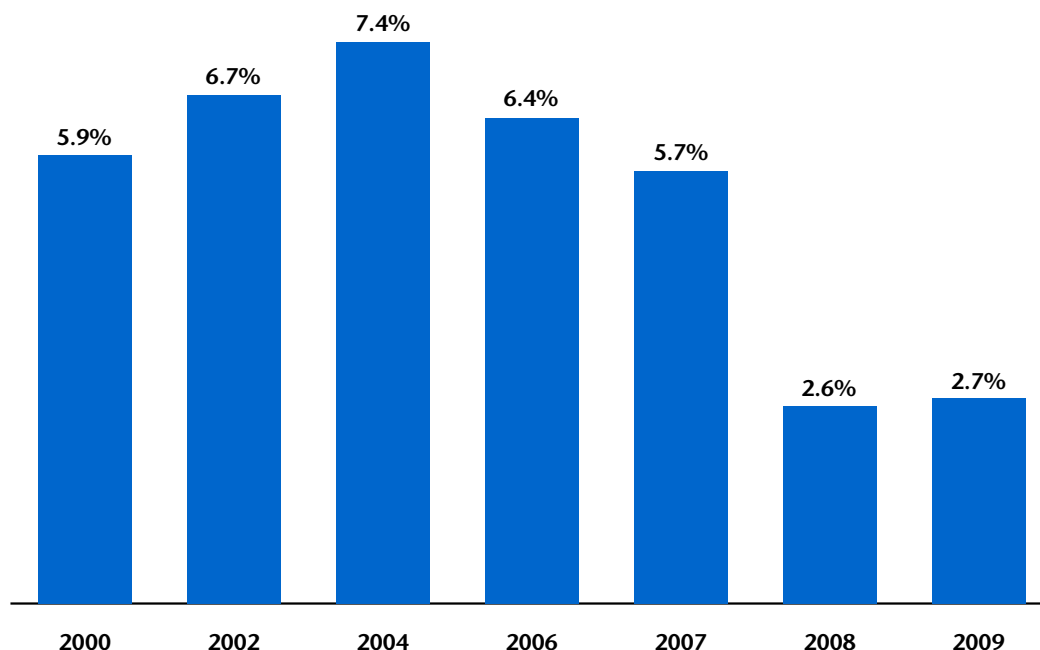
Note: Data reflect medians.

Sources: DHCFP Employer Survey for 2001, 2003, 2005, 2007, and 2009. National data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust (HRET) Employer Benefits Survey, 2001-2009.

For further information on the 2009 Employer Survey Report, visit www.mass.gov/dhcfp and follow the "Publications and Analyses" link.

People without Health Insurance

Percent of All Massachusetts Residents



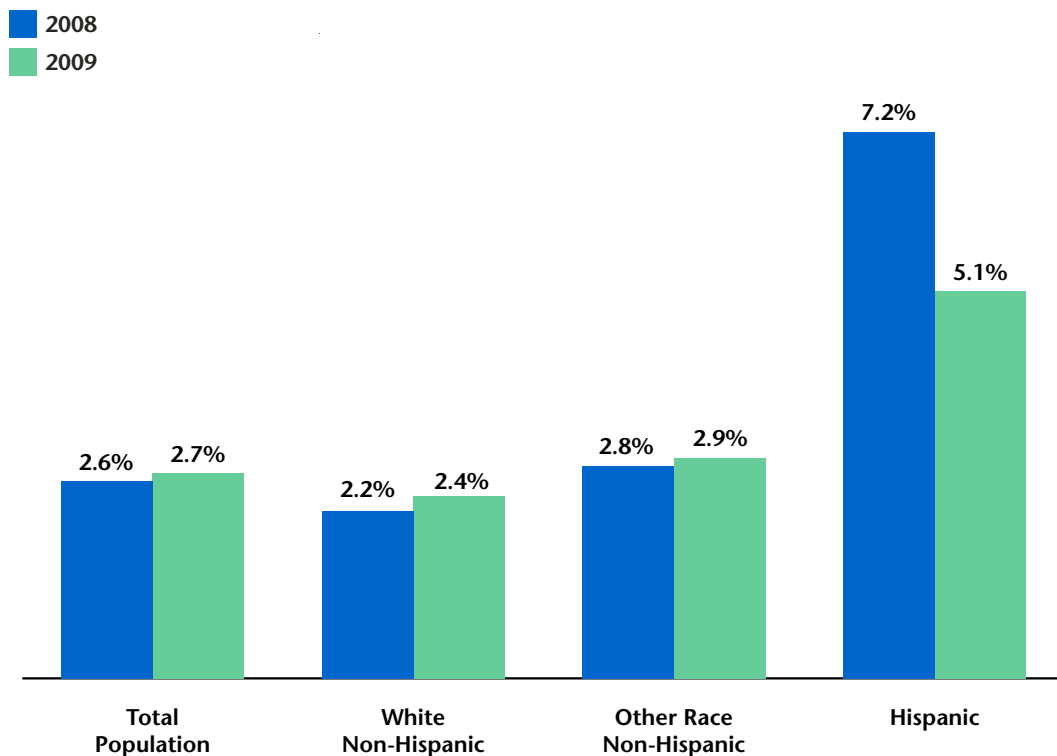
Uninsurance was low among Massachusetts residents, with less than 3% uninsured at the time of the survey in both 2008 and 2009. This corresponds to roughly 171,000 people in 2009 and 165,000 people in 2008.[†] The 2009 estimate of the uninsurance rate is not significantly different from the estimate for 2008.

DHCFP implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing 2008 and 2009 results to previous years.

[†]These population estimates are based on estimates of the total civilian non-institutionalized population in Massachusetts from the March Current Population Survey for the relevant year. Sources: DHCFP Household Surveys for 2000, 2002, 2004, 2006, and 2007; surveys from 2000 through 2006 were conducted February through June of the survey year; survey for 2007 was conducted January through July of 2007. The 2008 and 2009 data are from the Urban Institute tabulations on the Massachusetts Health Insurance Survey. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Uninsured by Race and Ethnicity

Percent of All Massachusetts Residents



Hispanic residents in Massachusetts were more likely to be uninsured than residents in other racial/ethnic groups. While the estimate of the uninsurance rate for Hispanics is lower in 2009 than 2008, the 2009 estimates are not significantly different from the estimates for 2008.

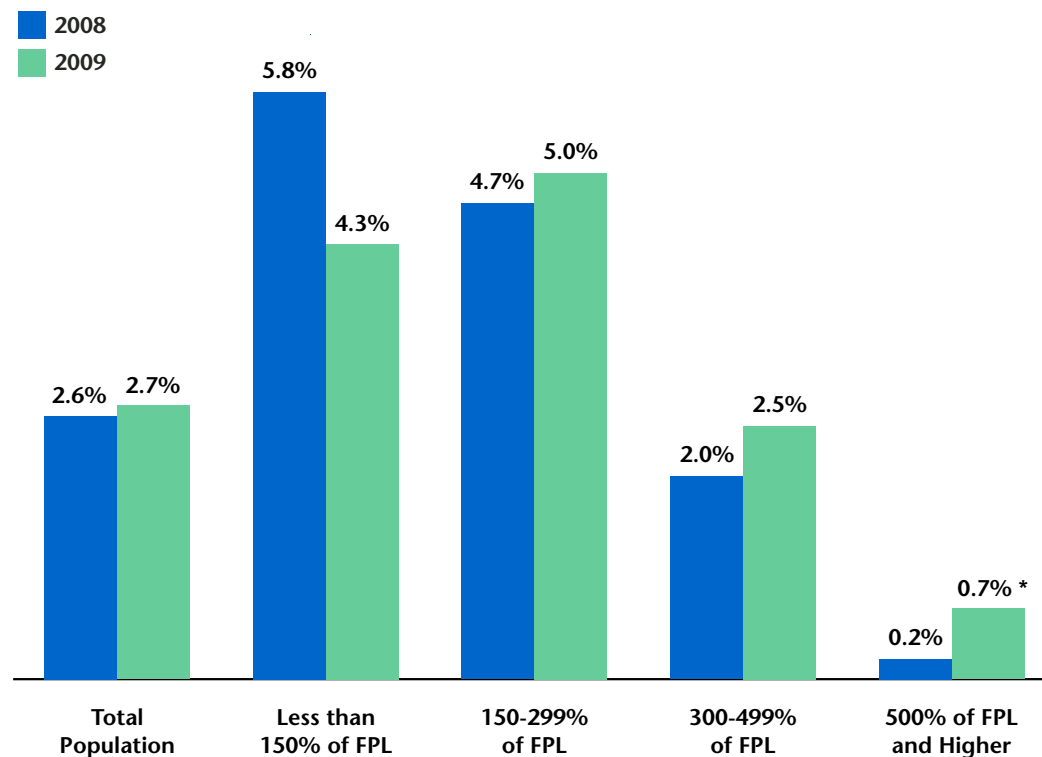
In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Note: Other race, non-Hispanic includes black and Asian in addition to other races.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts Health Insurance Survey. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Uninsured by Federal Poverty Level

Percent of All Massachusetts Residents



Massachusetts residents with income less than 300% of the federal poverty level (FPL) were more likely to be uninsured than were those with higher incomes. There was a small, but statistically significant, increase in the uninsurance rate among residents with income at 500% FPL or higher.

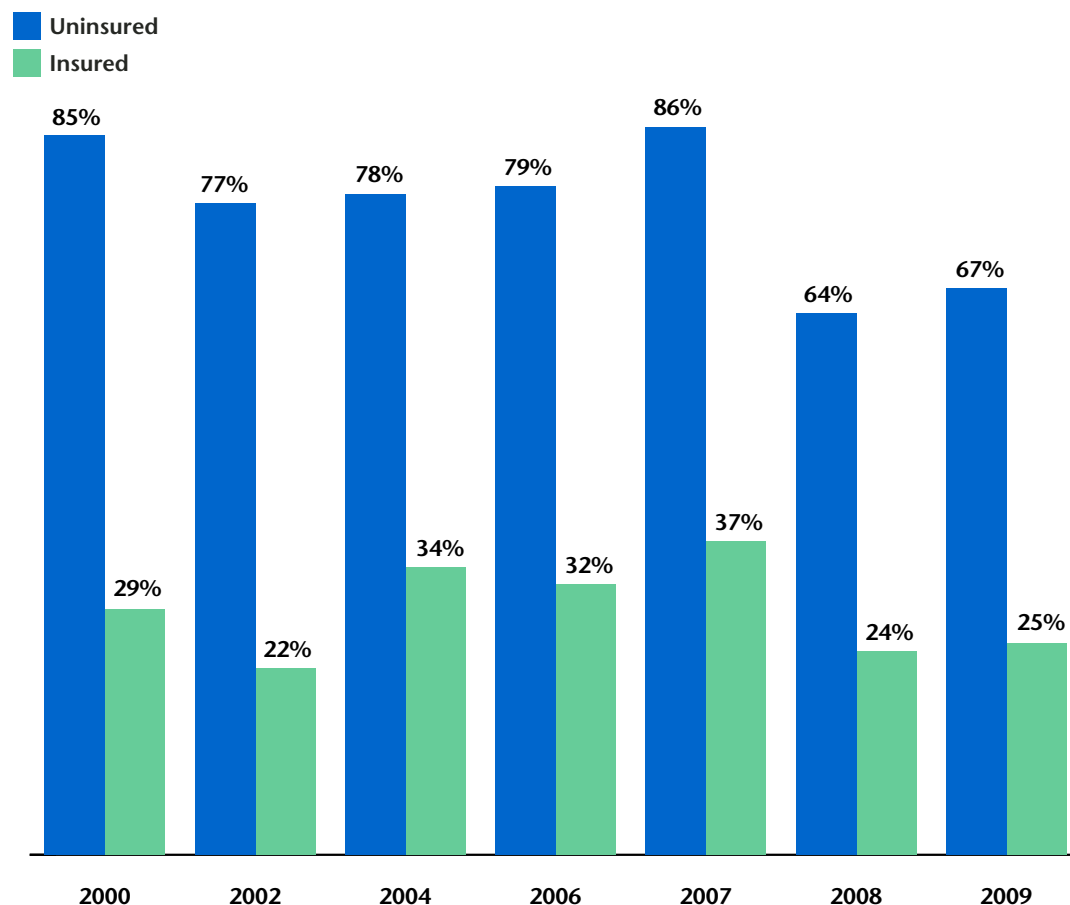
In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

* The 2009 estimate is significantly different from the 2008 estimate at the 5% level, two-tailed test.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts Health Insurance Survey. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Needed Care but Cost Was an Obstacle

Percent of Adults Ages 19 to 64



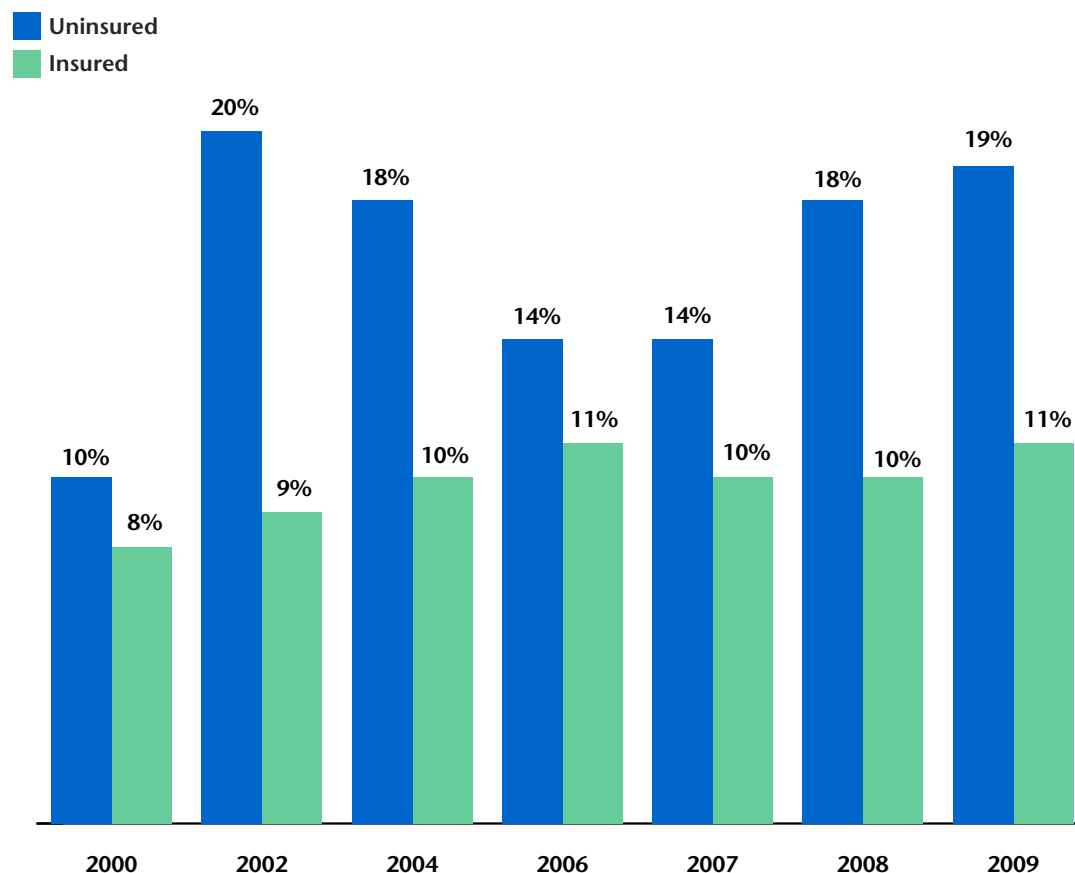
Since 2007, cost has become less of an obstacle to accessing health care for Massachusetts residents, but remains a significant barrier for most people without health coverage.

DHCFP implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing 2008 and 2009 results to previous years.

Notes: Beginning in 2008, DHCFP contracted with a new vendor for the Massachusetts household survey on health insurance. The 2008 survey had a number of methodological changes from prior year surveys which may affect comparability of the results to prior years. The differences between insured and uninsured residents are statistically significant for 2002, 2004, and 2007. Sources: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted from February through June of the survey years. The 2007 survey was conducted from January through July of the survey year. The 2008 and 2009 data are from the Urban Institute tabulations on the Massachusetts Health Insurance Survey. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Reported Being in Fair or Poor Health

Percent of Adults Ages 19 to 64

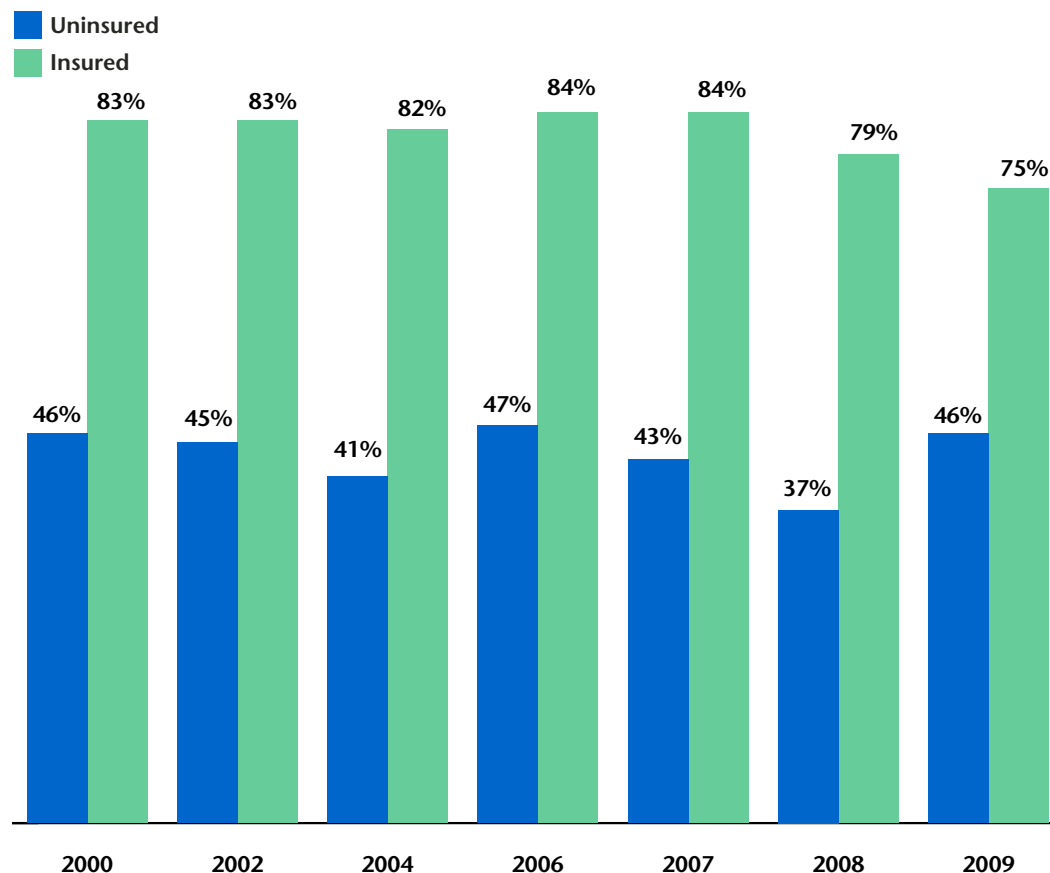


Most Massachusetts residents surveyed, both insured and uninsured, reported being in good or excellent health.

DHCFP implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing 2008 and 2009 results to previous years.

Notes: Beginning in 2008, DHCFP contracted with a new vendor for the Massachusetts household survey on health insurance. The 2008 survey had a number of methodological changes from prior year surveys which may affect comparability of the results to prior years. The differences between insured and uninsured residents are statistically significant for 2002, 2004, and 2007. Sources: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted from February through June of the survey years. The 2007 survey was conducted from January through July of the survey year. The 2008 and 2009 data are from the Urban Institute tabulations on the Massachusetts Health Insurance Survey. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Reported Having a Dental Visit in the Past Year, Percent of Adults Ages 19 to 64



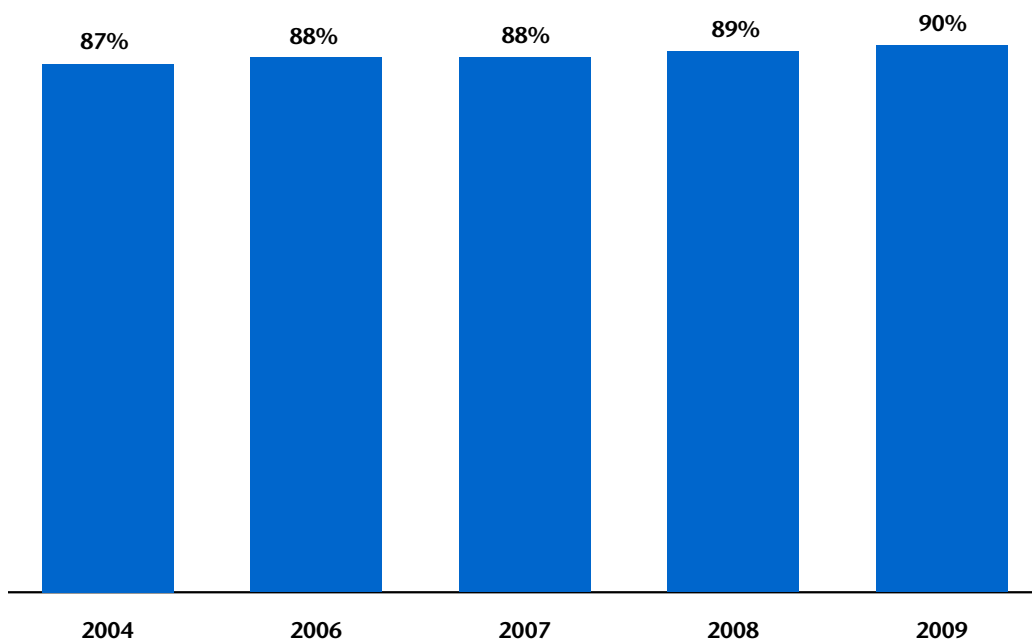
The rate of uninsured Massachusetts residents who reported getting dental care in the past year was 24% higher in 2009 than in 2008 (46% versus 37%, respectively).

DHCFP implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing 2008 and 2009 results to previous years.

Notes: Beginning in 2008, DHCFP contracted with a new vendor for the Massachusetts household survey on health insurance. The 2008 survey had a number of methodological changes from prior year surveys which may affect comparability of the results to prior years. The differences between insured and uninsured residents are statistically significant for 2002, 2004, and 2007. Sources: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted from February through June of the survey years. The 2007 survey was conducted from January through July of the survey year. The 2008 and 2009 data are from the Urban Institute tabulations on the Massachusetts Health Insurance Survey. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Have a Personal Health Care Provider

Percent of Adults Ages 18+



Percent of adults ages 18+ by race/ethnicity (95% confidence interval):

White	89% (87%-90%)	89% (88%-90%)	90% (90%-91%)	90% (89%-91%)	91% (90%-92%)
Black	90% (85%-94%)	89% (85%-92%)	84% (80%-87%)	83% (78%-88%)	84% (80%-88%)
Hispanic	75% (71%-79%)	75% (71%-79%)	76% (72%-80%)	80% (77%-83%)	82% (78%-85%)
Asian	88% (84%-93%)	83% (76%-90%)	86% (82%-91%)	84% (78%-90%)	84% (76%-92%)

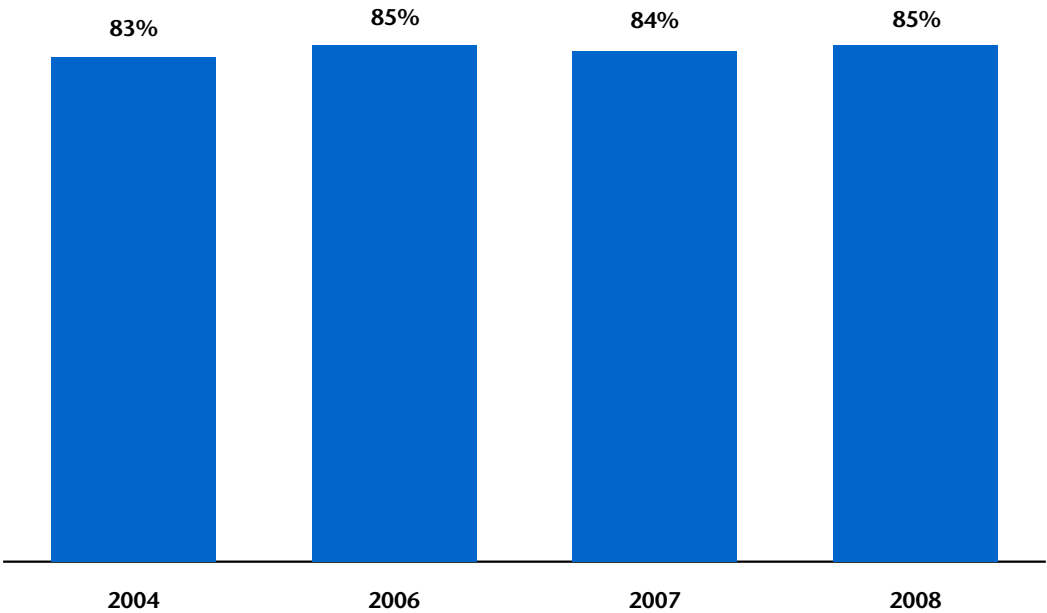
Note: Percentages are age adjusted to 2000 US population to control for difference in age distributions among race groups.

Source: Behavioral Risk Factor Surveillance System (BRFSS) for 2004, 2006, 2007, 2008 and 2009; Massachusetts Department of Public Health (DPH), Health Survey Program, Bureau of Health Statistics. The BRFSS is an annual survey conducted throughout the year.

Since 2004, there has been a slight increase in Massachusetts adults ages 18 and over with a personal health care provider (or a primary care doctor).

In 2009 the proportion of black, Hispanic, and Asian adults with a personal health care provider ranged from 82% to 84% compared to 91% of white adults.

Had a Mammogram in the Past 2 Years, Percent of Women Ages 40+



Percent of women ages 40+ by race/ethnicity (95% confidence interval):

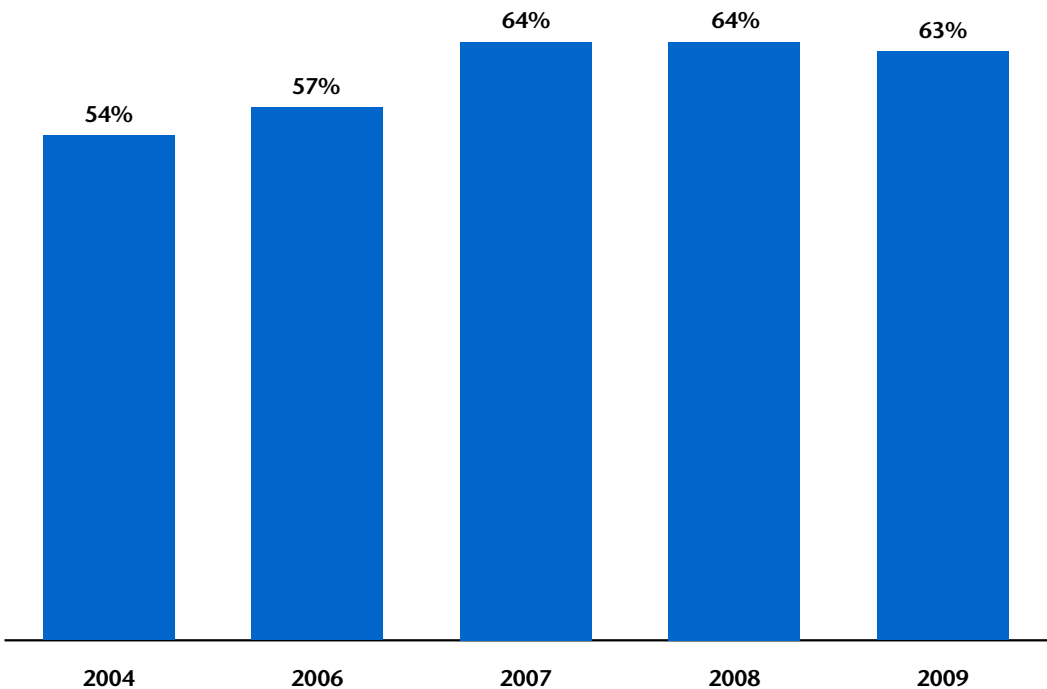
White	82% (81%-84%)	85% (84%-87%)	84% (82%-86%)	85% (84%-86%)
Black	80% (64%-95%)	80% (71%-89%)	84% (75%-93%)	87% (82%-91%)
Hispanic	88% (82%-93%)	87% (82%-92%)	80% (69%-91%)	89% (85%-92%)
Asian	Insufficient Data	Insufficient Data	Insufficient Data	86% (77%-95%)

Note: The 2009 BRFSS survey did not measure the proportion of respondents who had a mammogram screening thin the past 2 years. For this metric data from the 2008 survey is the most current available information. Percentages are not age-adjusted and data presented for 2004 – 2007 will not match previous editions of Key Indicators.
Source: Behavioral Risk Factor Surveillance System (BRFSS) for 2004, 2006, 2007 and 2008; Massachusetts Department of Public Health (DPH), Health Survey Program, Bureau of Health Statistics. The BRFSS is an annual survey conducted throughout the year.

Most Massachusetts female residents ages 40 and older reported having a mammogram to screen for breast cancer.

In 2008 there was not a significant difference among racial groups for women who reported having a mammogram.

Had a Sigmoidoscopy or Colonoscopy in the Past 5 Years, Percent of Adults Ages 50+



Percent of adults ages 50+ by race/ethnicity (95% confidence interval):

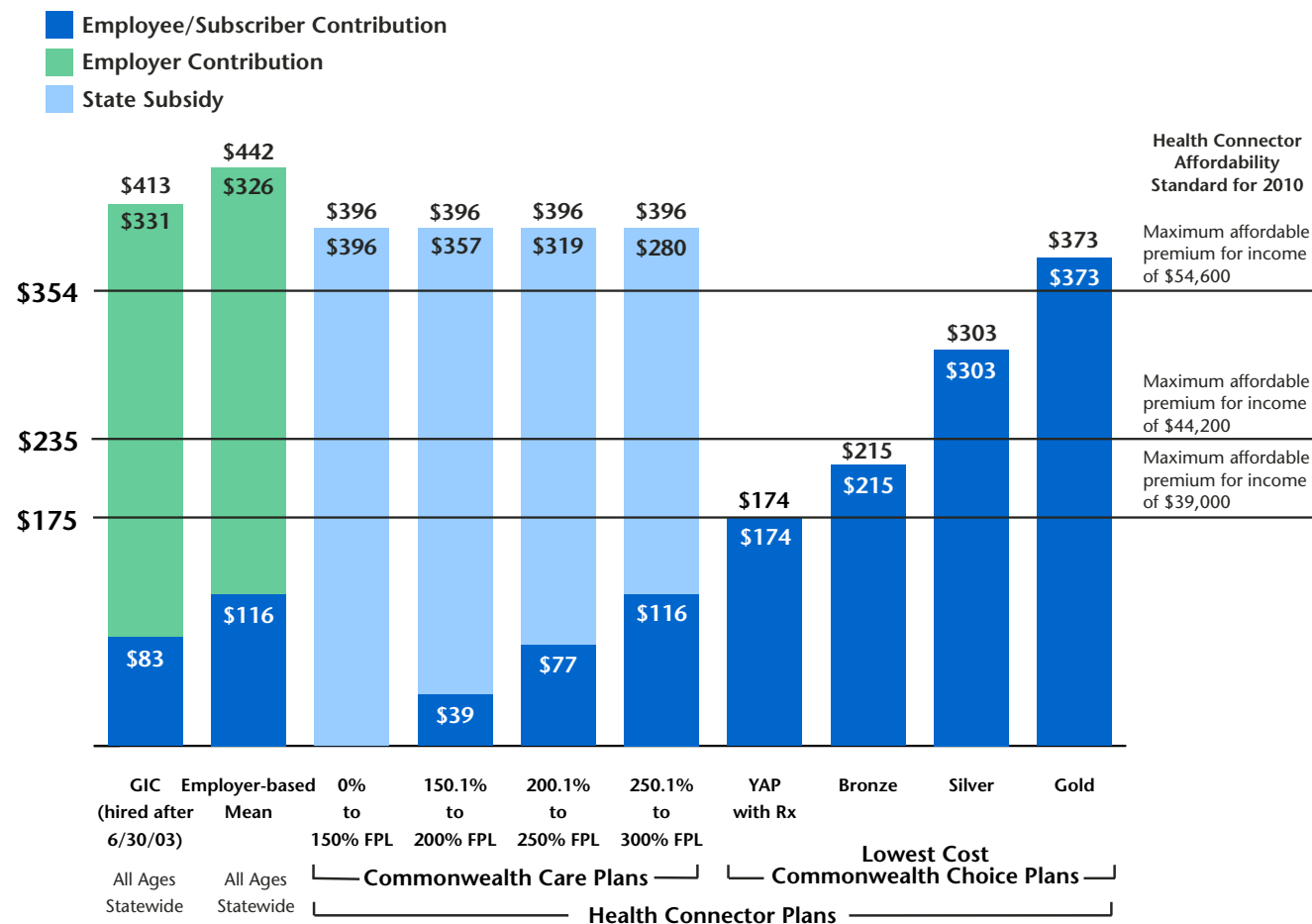
White	55% (52%-57%)	58% (56%-60%)	64% (62%-67%)	64% (63%-66%)
Black	54% (41%-66%)	60% (51%-69%)	74% (62%-85%)	60% (52%-67%)
Hispanic	51% (41%-61%)	49% (40%-58%)	56% (43%-70%)	57% (50%-63%)
Asian	Insufficient Data	Insufficient Data	Insufficient Data	56% (39%-72%)

Note: The 2009 BRFSS survey did not measure the proportion of respondents who had a mammogram screening thin the past 2 years. For this metric data from the 2008 survey is the most current available information. Percentages are not age-adjusted and data presented for 2004 – 2007 will not match previous editions of Key Indicators.
Source: Behavioral Risk Factor Surveillance System (BRFSS) for 2004, 2006, 2007 and 2008; Massachusetts Department of Public Health (DPH), Health Survey Program, Bureau of Health Statistics. The BRFSS is an annual survey conducted throughout the year.

In 2009, nearly two-thirds of residents ages 50 and over indicated they had a Sigmoidoscopy or Colonoscopy in the past five years. Compared to previous years, the 2009 estimate was based on a smaller sample size due to a change in survey design. This produced higher variability in estimates, especially for minorities such as blacks, thus data may not be indicative of an upward trend for blacks. Caution should be exercised when interpreting data as more data and years of observation may be needed to draw conclusions about this group.

Monthly Cost of Health Insurance

Employer and Connector Plans for Individuals



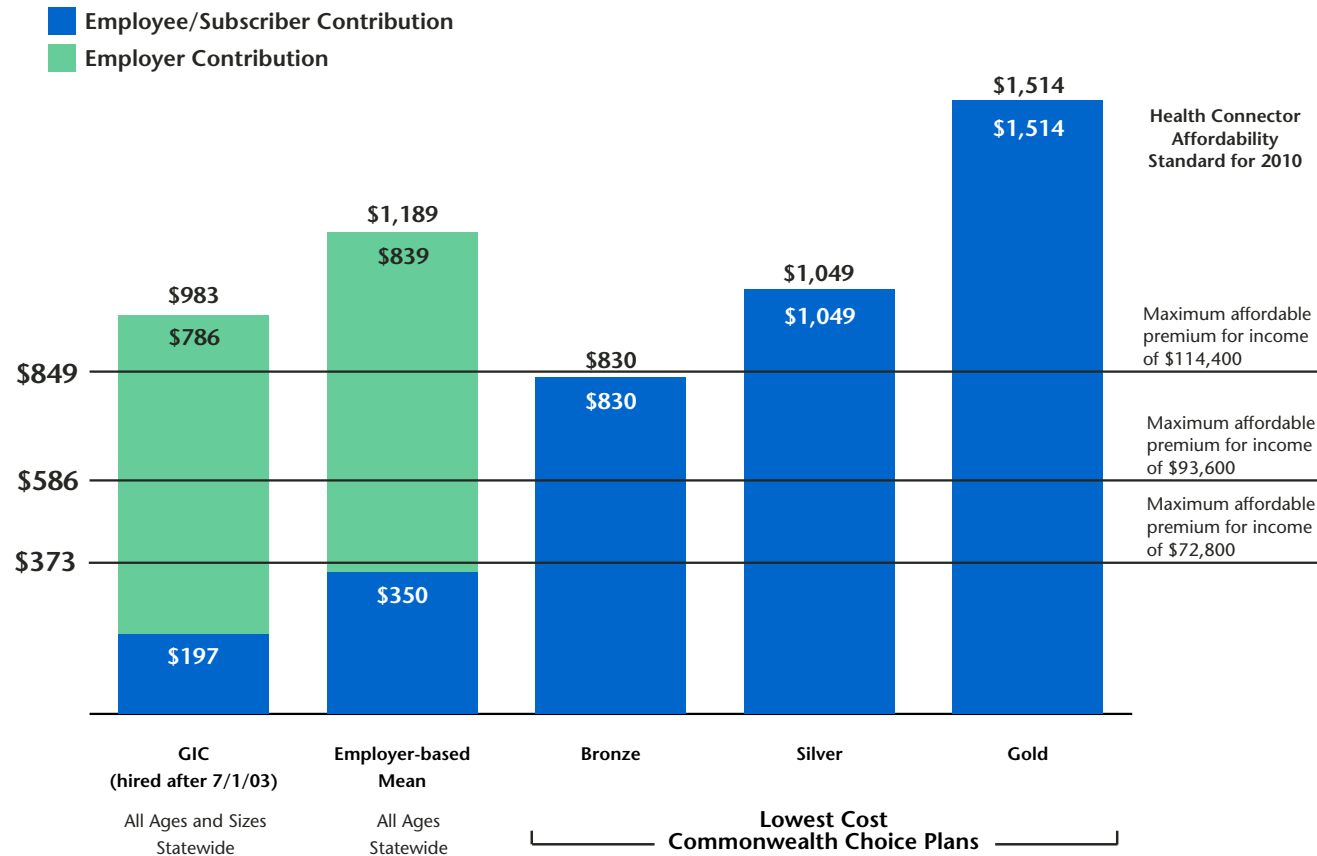
Notes: The calculation of median premiums for private, employer-based insurance does not include premiums paid by government employees. Commonwealth Care premiums reflect average composite capitation rates for the total Commonwealth Care population. There is variation in actual capitation amounts across plan types and managed care organizations based on member demographics. The premium for Commonwealth Choice YAP with Rx plan was calculated for a 25-year-old individual living in Boston. Premiums for Commonwealth Choice Bronze, Silver, and Gold are the lowest priced plans available for a 35-year-old individual living in Boston. All Bronze, Silver and Gold plans include Rx. Data are rounded to the nearest whole dollar. Sources: 2009-2010 GIC Benefit Decision Guide; 2009 DHCFP Employer Survey; Health Connector Affordability Schedule for 2009; Health Connector for Commonwealth Choice plan premiums effective February 1, 2010 and Commonwealth Care premiums effective beginning July 1, 2009.

Subscriber contributions to Commonwealth Care plans compare favorably to the median employee contribution for employer-based coverage estimated in the 2009 Employer Survey. All Commonwealth Choice products compare favorably to the median total cost of employer-based insurance.

Employer-based premiums, Commonwealth Choice plan, GIC premiums, and Commonwealth Care plan premiums were compared to the affordability schedule that was established by the Health Connector effective for the calendar year 2010. For more details, please visit: www.MAhealthconnector.org.

Monthly Cost of Health Insurance

Employer and Connector Plans for Families



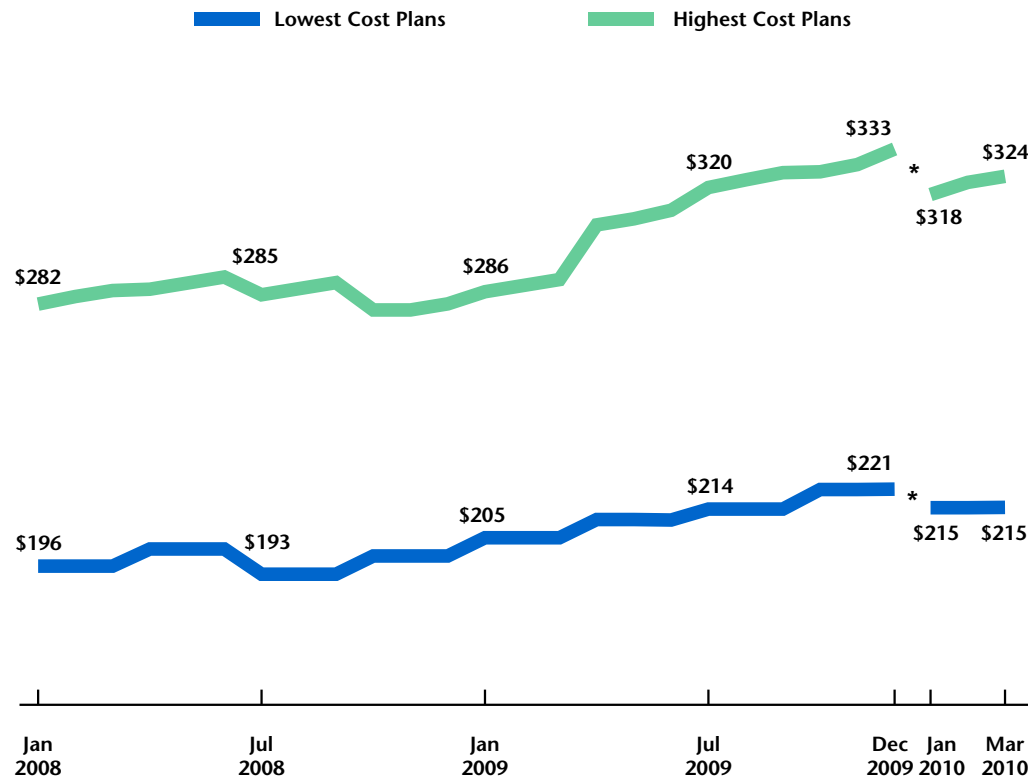
Commonwealth Choice premium contributions for families are higher than the median employee contribution for employer-based family coverage estimated in the 2009 Employer Survey. Commonwealth Choice Silver and Bronze family premiums compare favorably to the median total cost of employer-based insurance.

Commonwealth Choice plan premiums and GIC premiums were compared to the affordability schedule that was established by the Health Connector effective for the calendar year 2010. For more details, please visit: www.MAhealthconnector.org.

Notes: Commonwealth Care plans provide coverage for adult individuals only and, therefore, do not have family plans. The calculation of median premiums for private employer-based insurance does not include premiums paid by government employees. Premiums for Commonwealth Choice Bronze, Silver, and Gold plans are the lowest price for a family of four, with two 35-year-old parents and two children living in Boston. All Bronze, Silver and Gold plans include Rx. Data are rounded to the nearest whole dollar.
Sources: 2009-2010 GIC Benefit Decision Guide; 2009 DHCFP Employer Survey; Health Connector Affordability Schedule for 2009; Health Connector for Commonwealth Choice plan premiums effective February 1, 2010.

Commonwealth Choice Bronze Premiums

Highest- and Lowest-Cost Plans (with Rx Coverage)



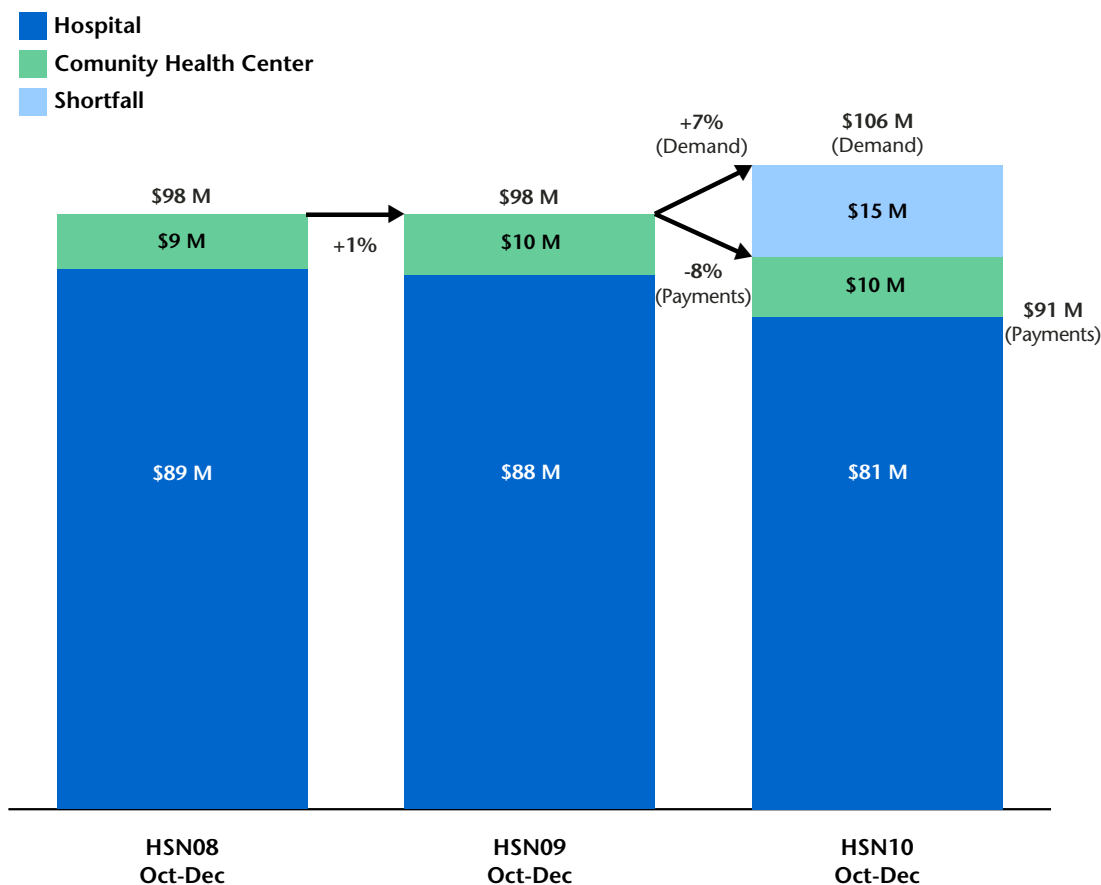
Between January 2008 and December 2009, premiums for the lowest-cost Commonwealth Choice Bronze plans grew at an average annual rate of 6.3%. Premiums for the highest-cost Commonwealth Choice Bronze plans averaged an annual growth rate of 9.0% over the same period.

Notes: Premiums are for a 35-year-old individual living in Boston. As of January 2008, Bronze products are no longer offered without Rx coverage. Monthly premium costs are selected from the highest- and lowest-priced products in the given month, and, therefore, trend lines do not track the same product from the same carrier over time. Premiums effective January 2010 and after represent significantly different health benefits packages and may not be comparable to data reported on periods preceding this date. Beginning January 2010, Bronze plans are offered in three tiers; lowest and highest premiums shown are selected from the Bronze Low Tier. Prior to January 2010, lowest and highest premiums represent the lowest and highest in the single Bronze category.

Source: Health Connector

*Beginning in January 2010, premiums for Commonwealth Choice plan benefit packages changed to create three tiers within Bronze. Reported here are the highest- and lowest-cost for the Bronze Low Tier.

HSN Total Demand and Payment Trends for Hospitals and Community Health Centers



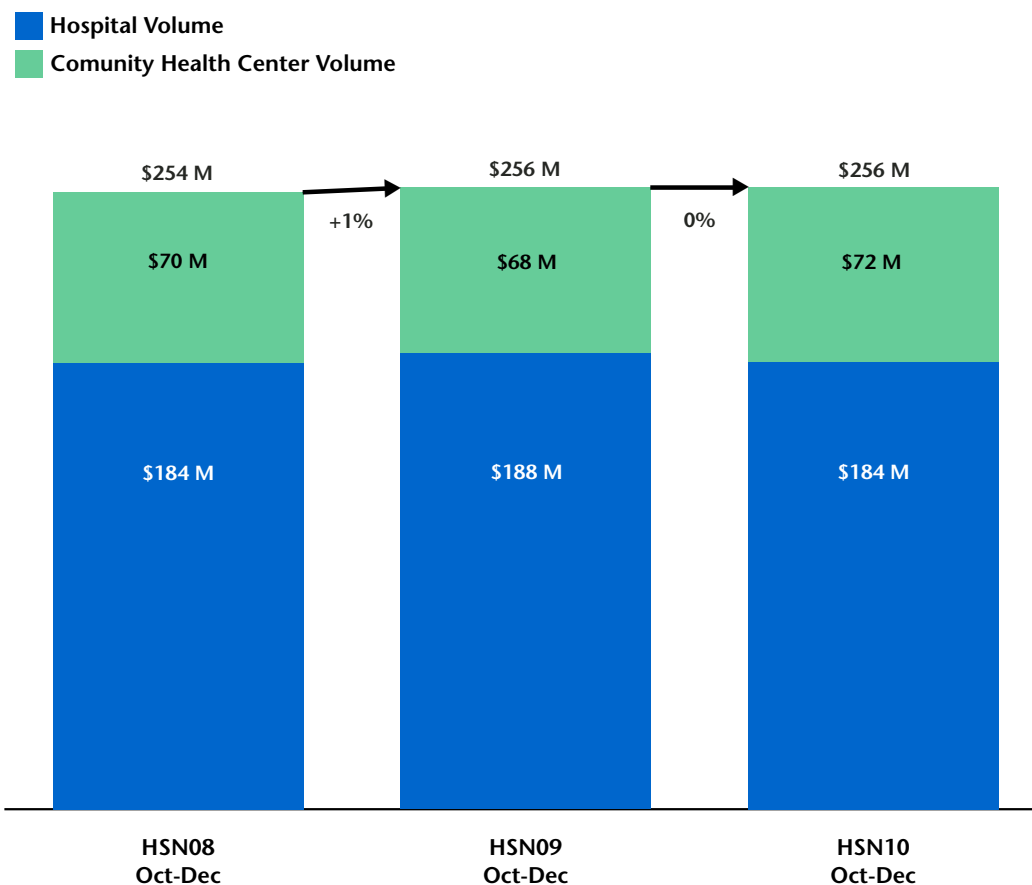
Health Safety Net (HSN) payments for hospitals and community health centers declined by 8% in the first three months of Health Safety Net fiscal year 2010 (HSN10) compared to the same period in the prior year, while demand increased by 7%.

Demand represents the amount that providers would have been paid in the absence of a funding shortfall. Because HSN10 demand is expected to exceed HSN10 funding, hospital providers absorbed a \$15 million shortfall during the first three months of HSN10.

Notes: The Health Safety Net fiscal year runs from October 1 through September 30 of the following year. Hospital and community health center payments are reported in the month in which payment was made. HSN09 Oct-Dec hospital payments include adjustments to emergency room bad debt payments to account for transition period claims adjudication changes that excluded emergency room bad debt claims during the first three months of HSN09. Numbers are rounded to the nearest million and may not sum due to rounding; percent changes are calculated prior to rounding.

Source: DHCFP Health Safety Net Data Warehouse as of 2/4/10. For further information on the Health Safety Net Q1 Report visit www.mass.gov/dhcfp and follow the "Publications and Analyses" link.

HSN Total Service Volume Trends for Hospitals and Community Health Centers

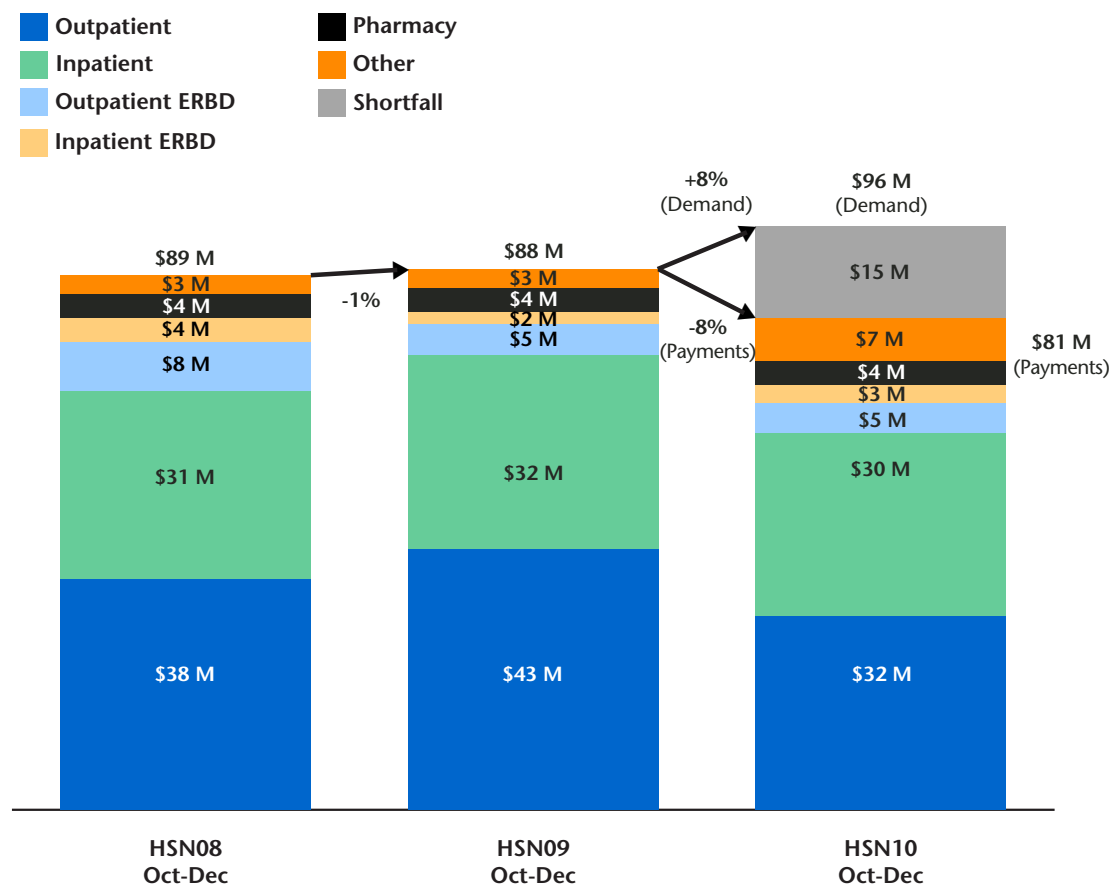


Health Safety Net (HSN) total volume for hospitals and community health centers remained unchanged in the first three months of Health Safety Net fiscal year 2010 (HSN10) compared to the same period in the prior year.

Notes: The Health Safety Net fiscal year runs from October 1 through September 30 of the following year. Hospital volume is the sum of inpatient discharges and outpatient visits for which payments were made to hospital providers in the months shown. HSN09 Oct-Dec hospital volume includes adjustments to emergency room bad debt volume to account for transition period claims adjudication changes that excluded emergency room bad debt claims during the first three months of HSN09. Community health center volume is the sum of visits for which payments were made to community health center providers in the months shown. For the first three months of HSN10, community health center volume is projected based on payments made to community health center providers in the months shown. Hospital and community health center volume exclude pharmacy claims. Numbers are rounded to the nearest thousand and may not sum due to rounding; percent changes are calculated prior to rounding.

Source: DHCFP Health Safety Net Data Warehouse as of 2/17/10. For further information on the Health Safety Net Q1 Report visit www.mass.gov/dhcfp and follow the "Publications and Analyses" link.

HSN Hospital Demand and Payment Trends

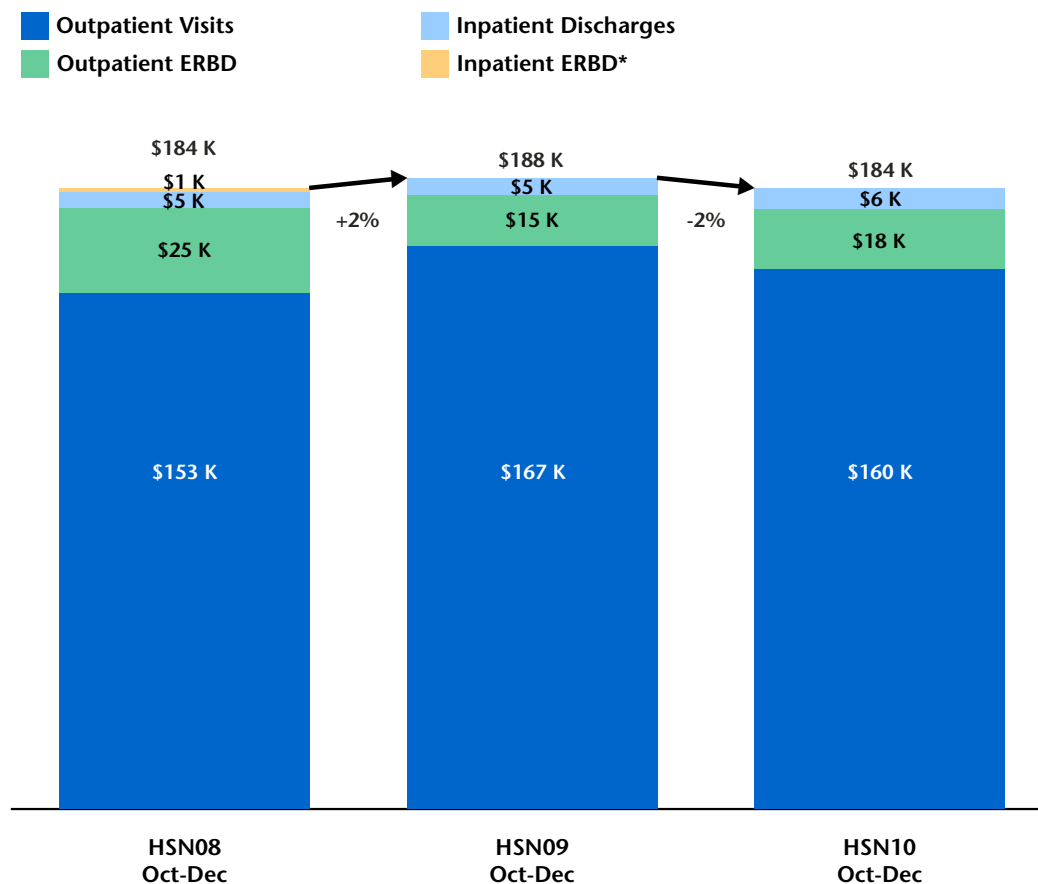


Hospital payments declined by 8% in the first three months of Health Safety Net fiscal year 2010 (HSN10) compared to the same period in the prior year, while hospital demand increased by 8%.

Demand represents the amount that providers would have been paid in the absence of a funding shortfall. Because HSN10 demand is expected to exceed HSN10 funding, hospital providers absorbed a \$15 million shortfall during the first three months of HSN10.

Notes: The Health Safety Net fiscal year runs from October 1 through September 30 of the following year. Other HSN Payments include payment adjustments that are not attributable to a service category. Hospital payments are reported in the month in which payment was made. HSN09 Oct-Dec hospital payments include adjustments to emergency room bad debt payments to account for transition period claims adjudication changes that excluded emergency room bad debt claims during the first three months of HSN09. The HSN10 shortfall allocation is distributed proportionally by service type. Numbers are rounded to the nearest million and may not sum due to rounding; percent changes are calculated prior to rounding. Source: DHCFP Health Safety Net Data Warehouse as of 2/4/10. For further information on the Health Safety Net Q1 Report visit www.mass.gov/dhcfp and follow the "Publications and Analyses" link.

HSN Hospital Service Volume Trends



Hospital volume declined by 2% in the first three months of Health Safety Net fiscal year 2010 (HSN10) compared to the same period in the prior year.

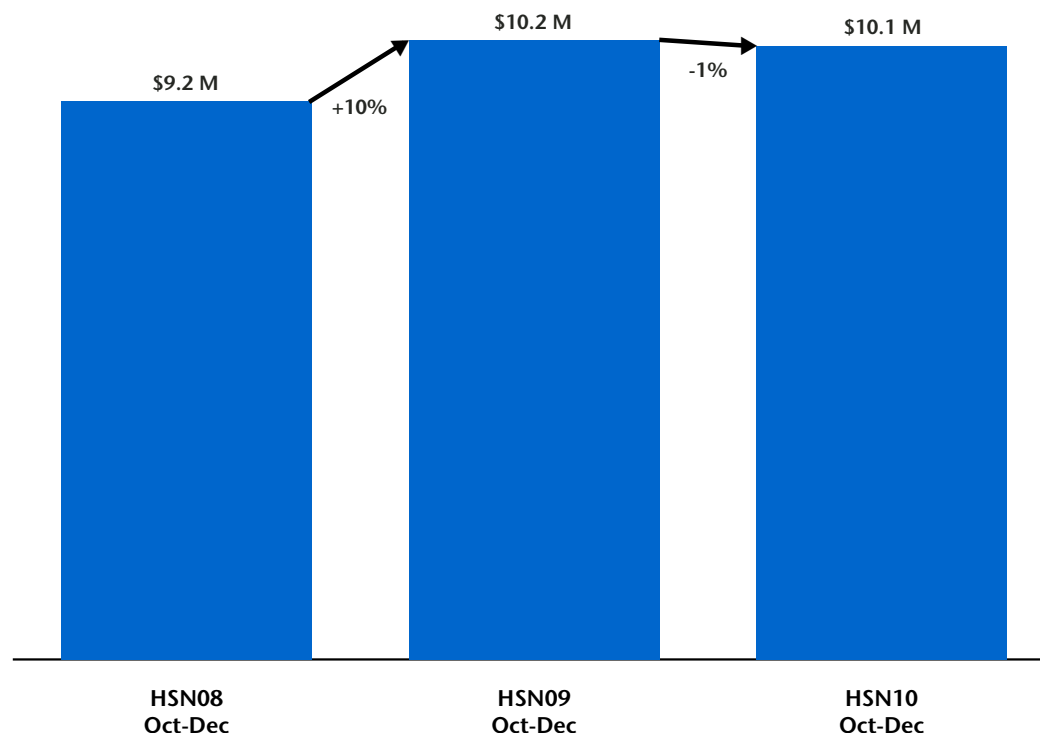
During the first three months of HSN10, total outpatient volume declined while total inpatient volume increased compared to the same period in the prior year.

Notes: The Health Safety Net fiscal year runs from October 1 through September 30 of the following year. Hospital volume is the sum of inpatient discharges and outpatient visits for which payments were made to hospital providers in the months shown. HSN09 Oct-Dec volume includes adjustments to emergency room bad debt claims during the first three months of HSN09. Numbers are rounded to the nearest thousand and may not sum due to rounding; percent changes are calculated prior to rounding.

Source: DHCFP Health Safety Net Data Warehouse as of 1/29/10. For further information on the Health Safety Net Q1 Report visit www.mass.gov/dhcfp and follow the "Publications and Analyses" link.

*Inpatient ERBD for HSN09 and HSN10 was less than one thousand dollars.

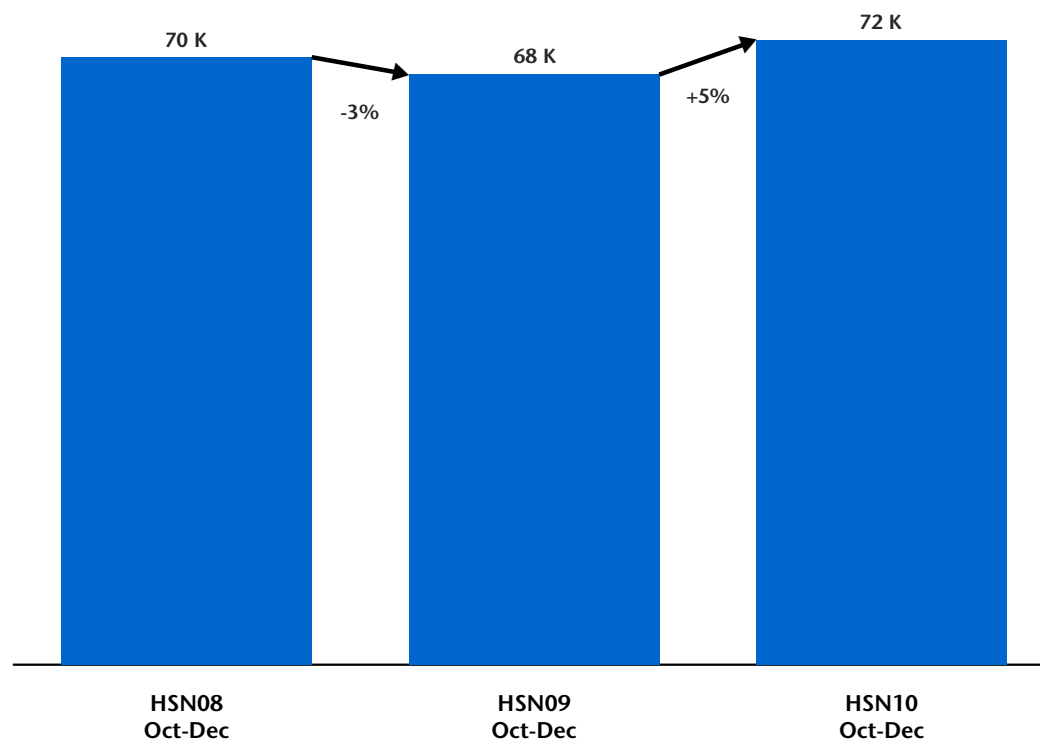
HSN Community Health Center Payment Trends



Community health center (CHC) payments declined by 1% in the first three months of Health Safety Net 2010 (HSN10) compared to the same period in the prior year.

Notes: The Health Safety Net fiscal year runs from October 1 through September 30 of the following year. Community health center payments are reported in the month in which payment was made. Numbers are rounded to the nearest million and may not sum due to rounding; percent changes are calculated prior to rounding.
Source: DHCFP Health Safety Net Data Warehouse as of 1/6/10. For further information on the Health Safety Net Q1 Report visit www.mass.gov/dhcfp and follow the "Publications and Analyses" link.

HSN Community Health Center Service Volume Trends



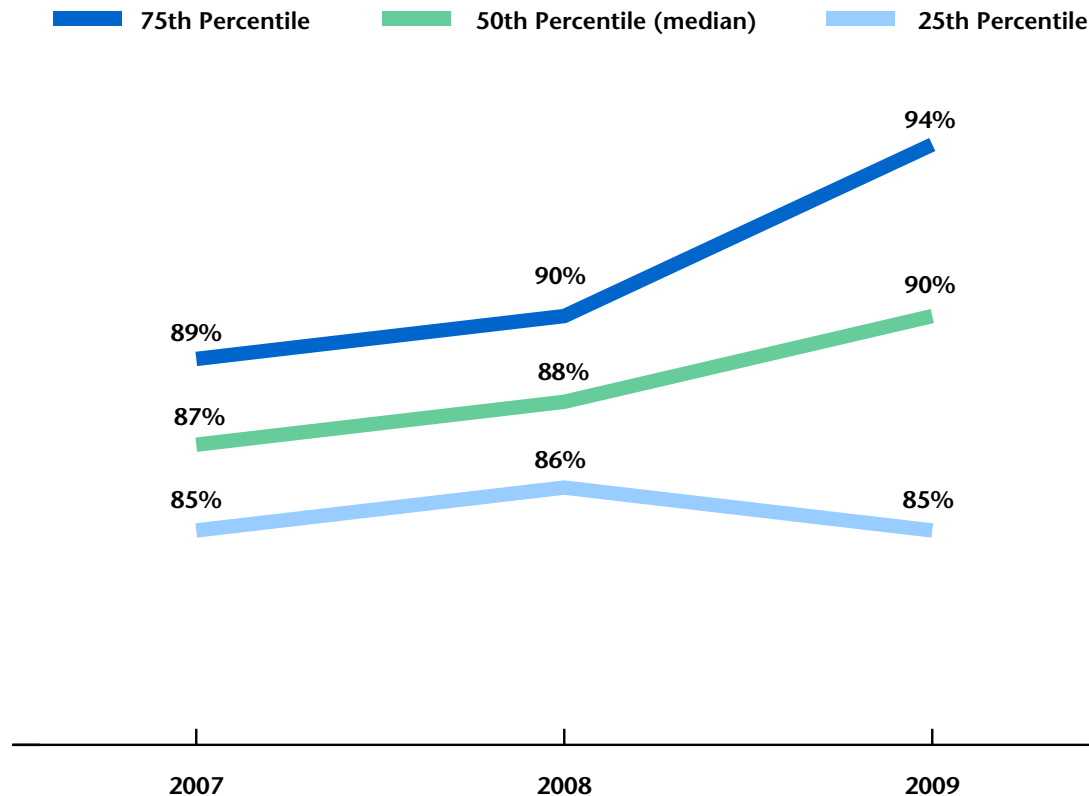
Community health center (CHC) volume increased 5% in the first three months of Health Safety Net fiscal year 2010 (HSN10) compared to the same period in the prior year.

CHC visits have increased more than payments within the first three months of HSN10, which may be attributable to an increase in services offered at CHC sites and patients seeking more lower-cost services.

Notes: The Health Safety Net fiscal year runs from October 1 through September 30 of the following year. Community health center volume is the sum of visits for which payments were made to community health center providers in the months shown. Community health center volume excludes pharmacy claims. For the first three months of HSN10, community health center volume is projected based on payments made to community health center providers in the months shown. CHCs have been moving from a voucher-based to a claims-based adjudication and payment system since April 2009; this transition may result in shifts in volume that is expected to stabilize once all CHCs have transitioned to the new system. Numbers are rounded to the nearest thousand and may not sum due to rounding; percent changes are calculated prior to rounding.
Source: DHCFP Health Safety Net Data Warehouse as of 3/29/10. For further information on the Health Safety Net Q1 Report visit www.mass.gov/dhcfp and follow the "Publications and Analyses" link.

Trends in Medical Expense Ratio*

2007-2009



Overall, health plans reported an increase in the proportion of total health care related revenue that was used to pay for medical services received by members between calendar years 2007 and 2009.

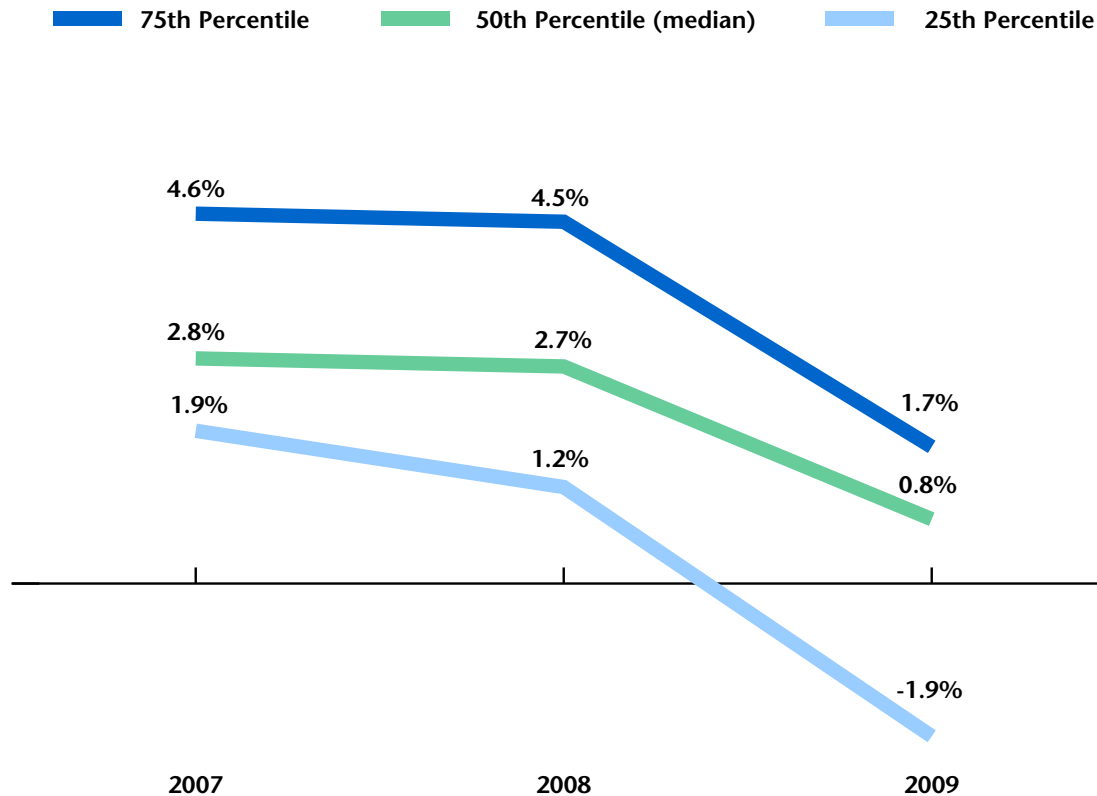
*The medical expense ratio is derived from unaudited quarterly and annual financial statements that health plans self-report to the Division of Insurance.

Percentile represents a value below which, or above which, a certain percent of all values fall. For example, a 50th percentile value of 90% means that one half of all health plans for whom data are reported had a medical expense ratio of less than 90% and one-half had a ratio above 90%.

Notes: Medical expense ratio is calculated by dividing the total hospital and medical expenses by revenue. In accordance with NAIC reporting standards, revenue here includes premium income and aggregate write-ins for other health care related revenues. It does not include write-ins for non-health revenues or investment income. Information is self-reported by plans to the Massachusetts Division of Insurance (DOI) and represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations (HMOs) licensed with DOI or under contract with MassHealth. HMOs registered with DOI but with less than 10,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. CeltiCare is a health plan that began providing coverage for Massachusetts residents in October 2009. Licensing of CeltiCare increased the number of plans for whom financial data are reported from 12 in 2007/2008 to 13 in 2009. However, financial ratios for CeltiCare are not included in this analysis. As health plan expenses may change over time, it is likely for a plan to move across percentiles from one period to the next. MassHealth 4B reports were used to calculate financial ratios for Network Health during calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Sources: DOI annual financial statements as self-reported by carriers. Network Health data are from MassHealth 4B insolvency reports.

Trends in Profit Margin*

2007-2009



Profit margin represents resources available to the plan for other purposes after paying medical claims and administrative costs for the year.

Nearly all health plans experienced declines in profit margin between calendar years 2007 and 2009.

*Profit Margin is derived from unaudited quarterly and annual financial statements that health plans self-report to the Division of Insurance.

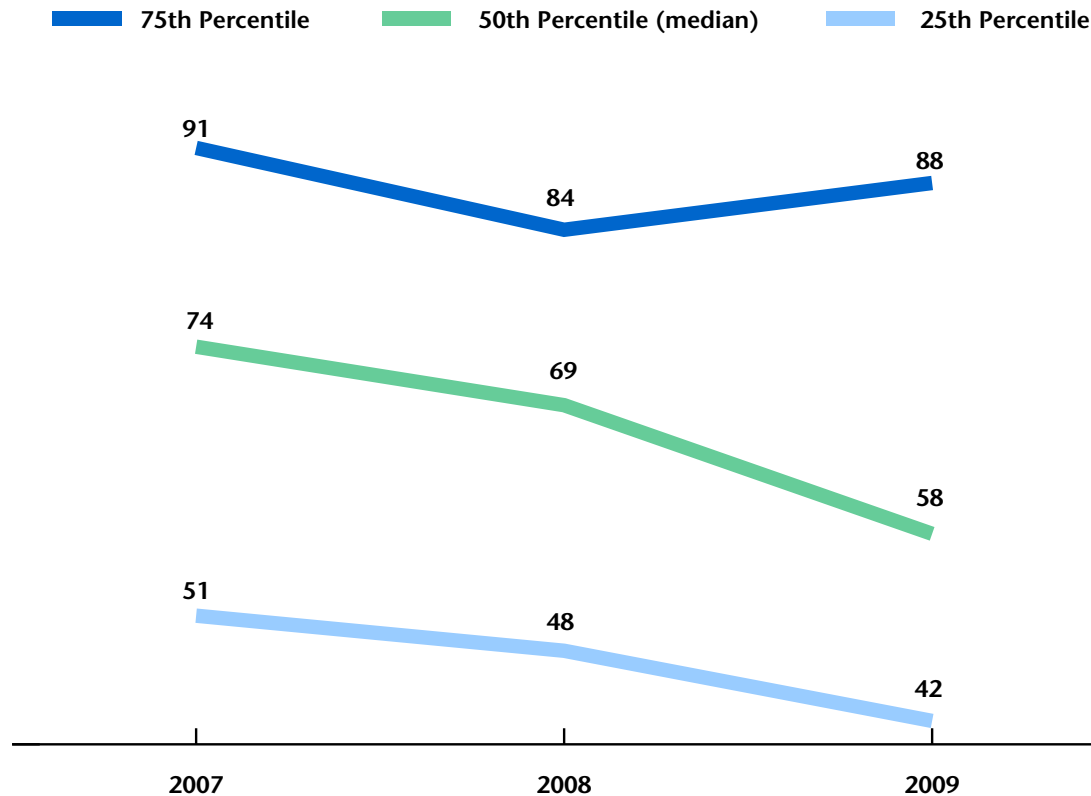
Percentile represents a value below which, or above which, a certain percent of all values fall. For example, a 50th percentile value of 0.8% means that one half of all health plans for whom data are reported had a profit margin ratio of less than 0.8% and one-half had a ratio above 0.8%.

Notes: Profit margin is calculated by dividing net income by total revenue. Total revenue here includes premium income, aggregate write-ins for other health care related revenues, and investment gain/loss. It does not include write-ins for non-health revenues. Information is self-reported by plans to the Massachusetts Division of Insurance (DOI) and represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs registered with DOI but with less than 10,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. CeltiCare is a health plan that began providing coverage for Massachusetts residents in October 2009. Licensing of CeltiCare increased the number of health plans for whom financial data are reported from 12 in 2007/2008 to 13 in 2009. However, financial ratios for CeltiCare are not included in this analysis. As health plan expenses may change over time, it is likely for a health plan to move across percentiles from one period to the next. MassHealth 4B reports were used to calculate financial ratios for Network Health during calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue.

Sources: DOI annual financial statements as self-reported by carriers. Network Health data are from MassHealth 4B insolvency reports.

Trends in Days in Reserve*

2007-2009



Days in reserve is a measure of financial solvency. It reflects the number of days of medical expenses a plan could fund from its net worth. Generally, the number of days that health plans could fund medical expenses from their net worth (reserves) declined between calendar years 2007 and 2009. This decline may be explained, in part, by declining profit margins of the health plans over the period.

*Days in reserve is derived from unaudited quarterly and annual financial statements that health plans self-report to the Division of Insurance.

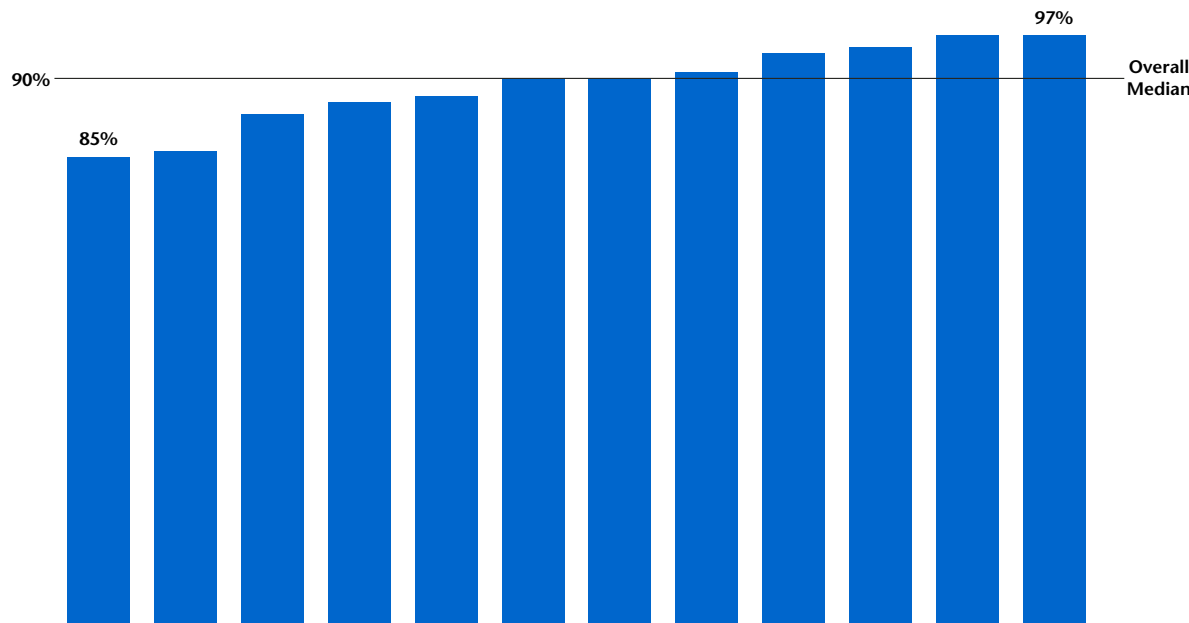
Percentile represents a value below which, or above which, a certain percent of all values fall. For example, a 50th percentile value of 69 means that one half of all health plans for whom data are reported had more than 69 days in reserve and one-half had less than 69 days in reserve.

Notes: Days in reserve is calculated by dividing net worth (including total capital and surplus) by the result of dividing total medical and administrative expenses by the number of days in the year. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs registered but with less than 10,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. CeltiCare is a health plan that started providing coverage for Massachusetts residents in October 2009. Licensing of CeltiCare increased the number of health plans for whom financial data are reported from 12 in 2007/2008 to 13 in 2009. However, financial ratios for CeltiCare are not included in this analysis. As health plan expenses may change over time, it is likely for a health plan to move across percentiles from one period to the next. MassHealth 4B reports were used to calculate financial ratios for Network Health during calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue.

Sources: DOI annual financial statements as self-reported by health plans. Network Health data are from MassHealth 4B insolvency reports.

Medical Expense Ratio*

by Health Plan, Calendar Year 2009



There was wide variation in the proportion of total health care related revenue that health plans reported spending on medical services provided to members.

In calendar year 2009, health plans reported spending between 77% and 97% of total health care related revenue on medical services received by members.

*The medical expense ratio is derived from unaudited quarterly and annual financial statements that health plans self-report to the Division of Insurance.

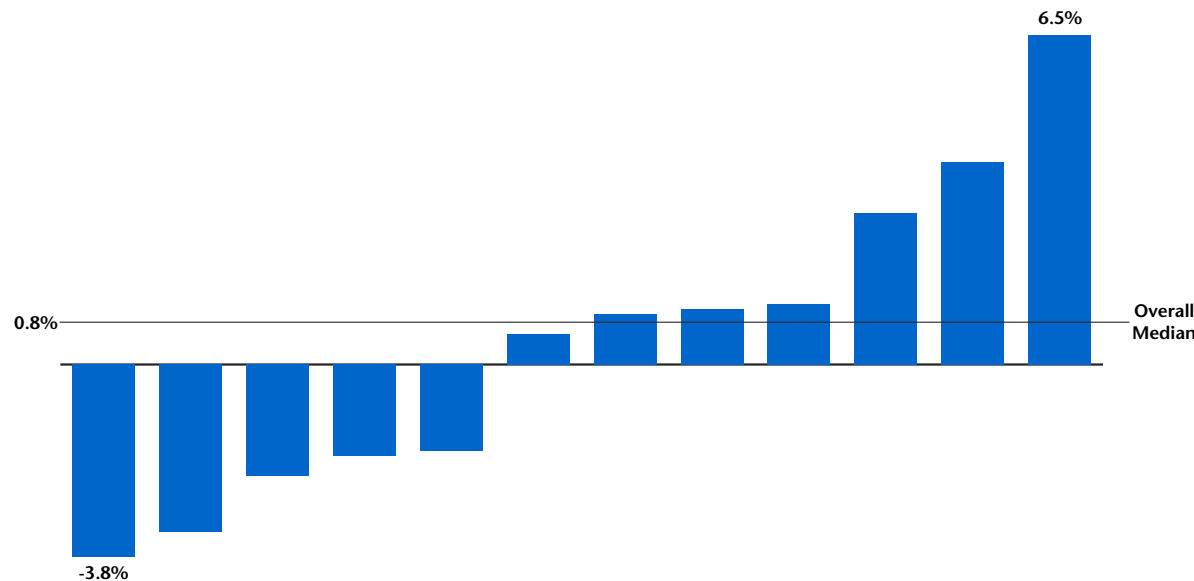
For detailed information on health plan financials for specific plans, see Study of the Reserves and Surpluses of Health Insurers in Massachusetts.

Notes: Medical expense ratio is calculated by dividing the total hospital and medical expenses by revenue. In accordance with NAIC reporting standards, revenue here includes premium income and aggregate write-ins for other health care related revenues. It does not include write-ins for non-health revenues or investment income. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations (HMOs) licensed with DOI or under contract with MassHealth. HMOs registered with DOI but with less than 10,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. CeltiCare is a health plan that began providing coverage for Massachusetts residents in October 2009. Licensing of CeltiCare increased the number of plans for whom financial data are reported from 12 in 2007/2008 to 13 in 2009. However, financial ratios for CeltiCare are not included in this analysis. MassHealth 4B reports were used to calculate financial ratios for Network Health during calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue.

Sources: DOI annual financial statements as self reported by health plans. Network Health data are from MassHealth 4B insolvency reports.

Profit Margin*

by Health Plan, Calendar Year 2009



In calendar year 2009, there was wide variation in the profit margins reported by health plans. Margins ranged from as low as -3.8% to as high as 6.5%.

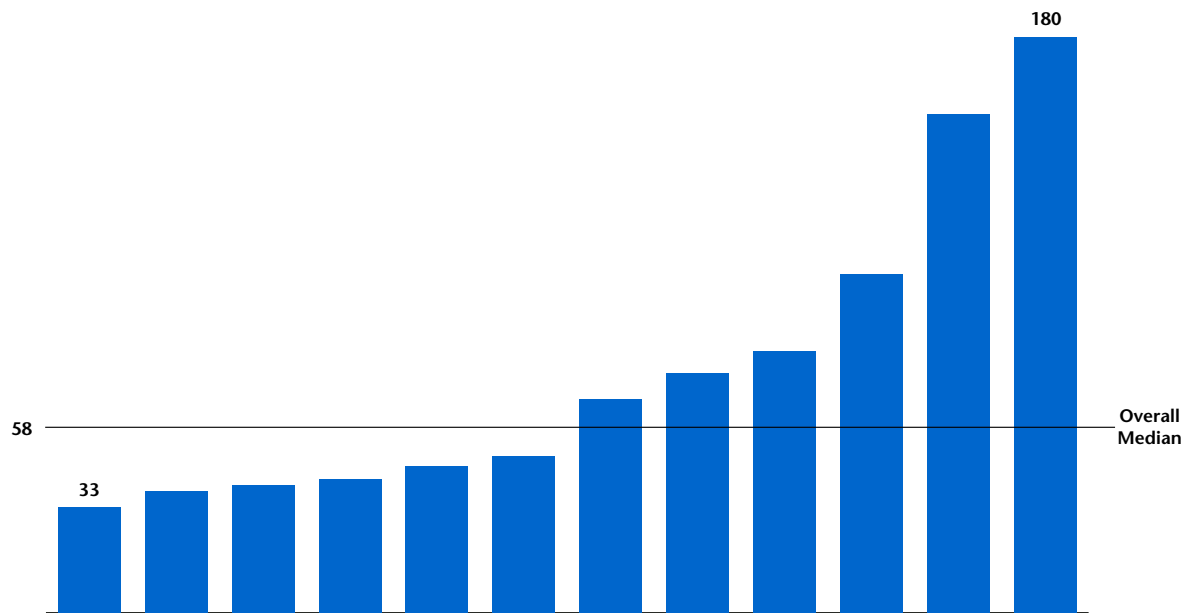
*Profit margin is derived from unaudited quarterly and annual financial statements that health plans self-report to the Division of Insurance.

For detailed information on health plan financials for specific plans, see Study of the Reserves and Surpluses of Health Insurers in Massachusetts.

Notes: Profit margin is calculated by dividing net income by total revenue. Total revenue here includes premium income, aggregate write-ins for other health care related revenues, and investment gain/loss. It does not include write-ins for non-health revenues. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs registered with DOI but with less than 10,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. CeltiCare is a health plan that began providing coverage for Massachusetts residents in October 2009. Licensing of CeltiCare increased the number of health plans for whom financial data are reported from 12 in 2007/2008 to 13 in 2009. However, financial ratios for CeltiCare are not included in this analysis. MassHealth 4B reports were used to calculate financial ratios for Network Health during calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Sources: DOI annual financial statements as self-reported by health plans. Network Health data are from MassHealth 4B insolvency reports.

Days in Reserve*

by Health Plan, Calendar Year 2009



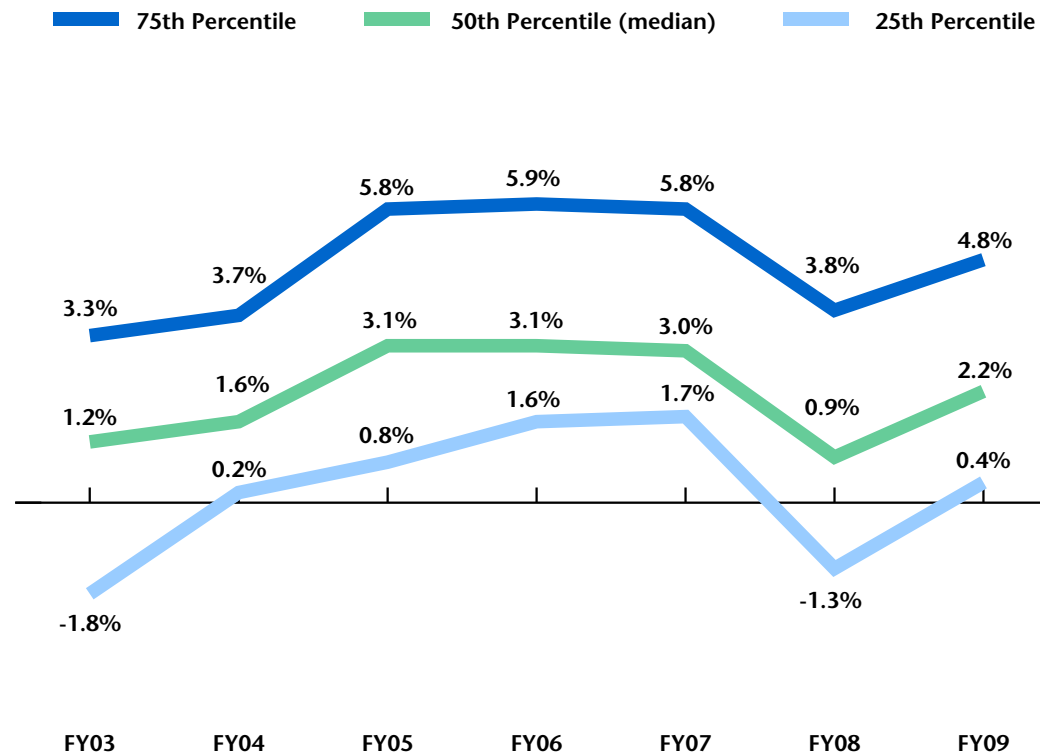
Half of all the health plans for whom data are presented reported at least two-months worth of revenue in reserve to fund medical expenses from their net worth.

Notes: Days in reserve is calculated by dividing net worth (including total capital and surplus) by the result of dividing total medical and administrative expenses by the number of days in the year. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs registered but with less than 10,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. CeltiCare is a health plan that started providing coverage for Massachusetts residents in October 2009. Licensing of CeltiCare increased the number of health plans for whom financial data are reported from 12 in 2007/2008 to 13 in 2009. However, financial ratios for CeltiCare are not included in this analysis. MassHealth 4B reports were used to calculate financial ratios for Network Health during calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Sources: DOI annual financial statements as self reported by health plans. Network Health data are from MassHealth 4B insolvency reports.

*Days in reserve is derived from unaudited quarterly and annual financial statements that health plans self-report to the Division of Insurance.

For detailed information on health plan financials for specific plans, see Study of the Reserves and Surpluses of Health Insurers in Massachusetts.

Total Margin Trend by Fiscal Year



Many hospitals experienced an increase in total margin in FY09. The financially weakest hospitals showed the steepest improvement in FY09 compared with FY08.

In 2009, thirteen out of sixty-four hospitals (20%) reported a total loss compared with twenty-three hospitals (35%) during FY08.

Benchmark: Northeast US median FY08 = 0.9%

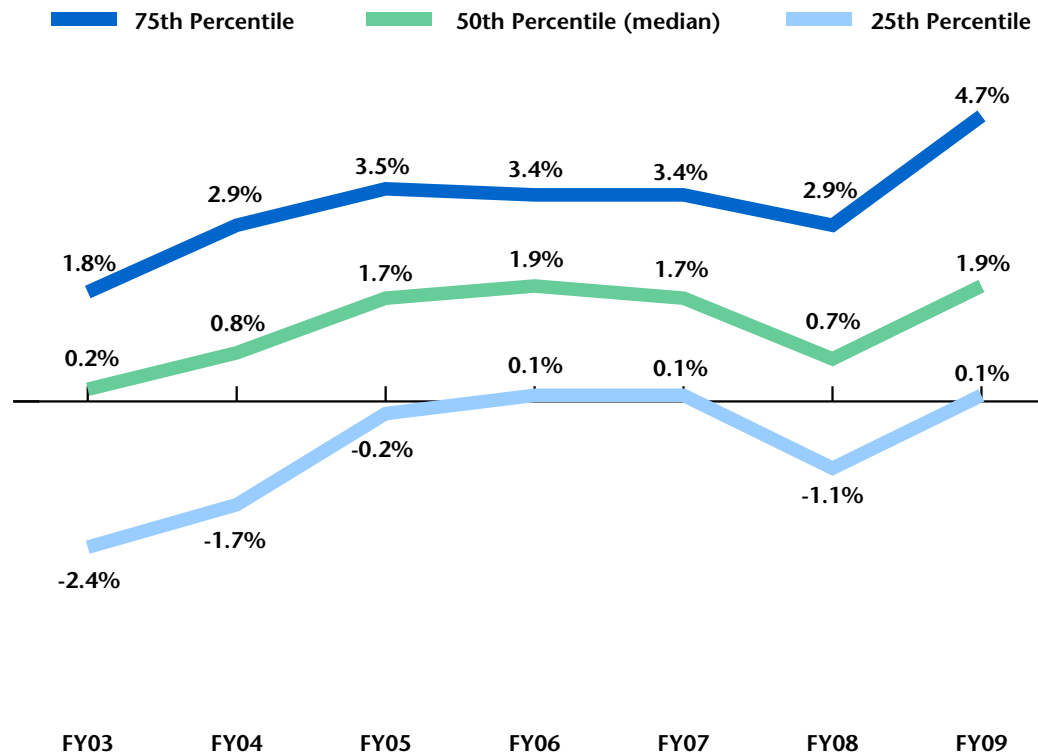
Benchmark Source: 2010 Almanac of Hospital Financial and Operating Indicators, INGENIX

Percentile represents a value below which, or above which, a certain percent of all values fall. For example, a 50th percentile value of 3.0% means that one half of all hospitals for whom data are reported had total margin ratio of less than 3.0% and one-half had a ratio above 3.0%.

Notes: Total margin is calculated by dividing total income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Margins are based on 66 hospitals in FY03 through FY07 and 65 in FY08 and FY09.

Source: DHCFP Acute hospital audited financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

Operating Margin Trend by Fiscal Year



Overall, operating margins have strengthened, with the median operating margin increasing to 1.9% in FY09 from 0.7% in FY08.

Fourteen hospitals (22%) reported a loss from operations during FY09.

Benchmark: Northeast US median FY08 = 0.9%

Benchmark Source: INGENIX

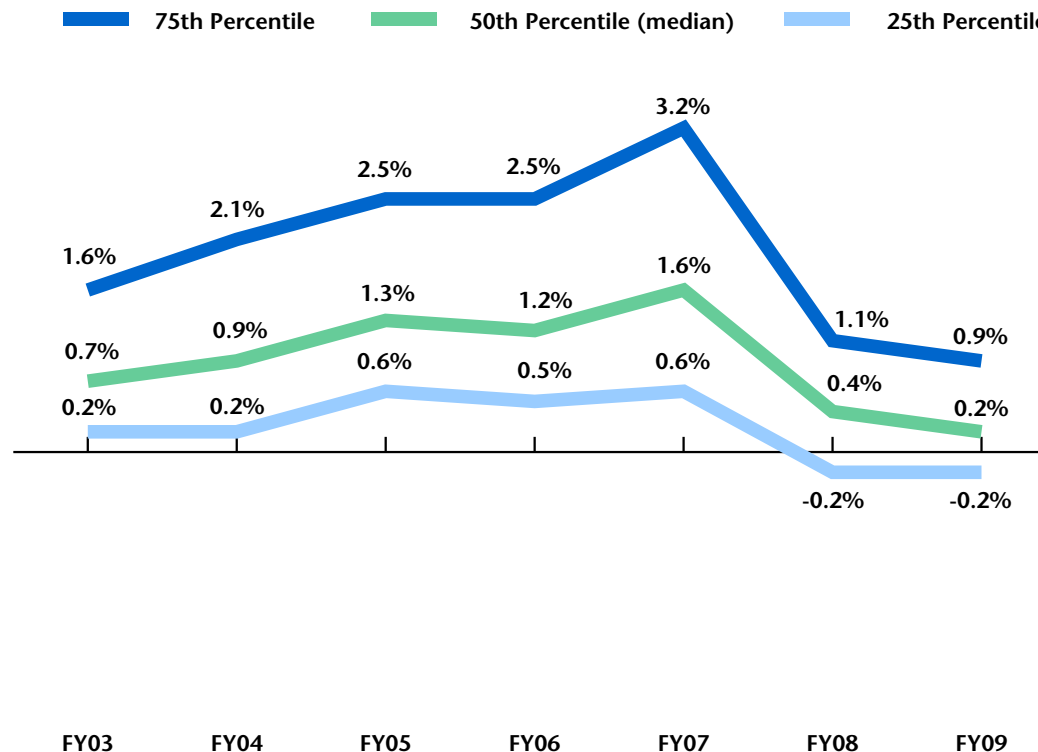
Consulting based on the hospital financial database used for the 2010 Almanac of Hospital Financial and Operating Indicators, INGENIX

Percentile represents a value below which, or above which, a certain percent of all values fall. For example, a 50th percentile value of 1.9% means that one half of all hospitals for whom data are reported had an operating margin ratio of less than 1.9% and one-half had a ratio above 1.9%.

Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Margins are based on 66 hospitals in FY03 through FY07 and 65 in FY08 and FY09.

Source: DHCFP Acute hospital audited financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

Non-Operating Margin Trend by Fiscal Year



Similar to 2008, many hospitals continued to experience non-operating losses in 2009. Twenty-two hospitals (34%) reported a non-operating loss during FY09.

Benchmark: Northeast US median FY08 = 0.07%

Benchmark Source: INGENIX

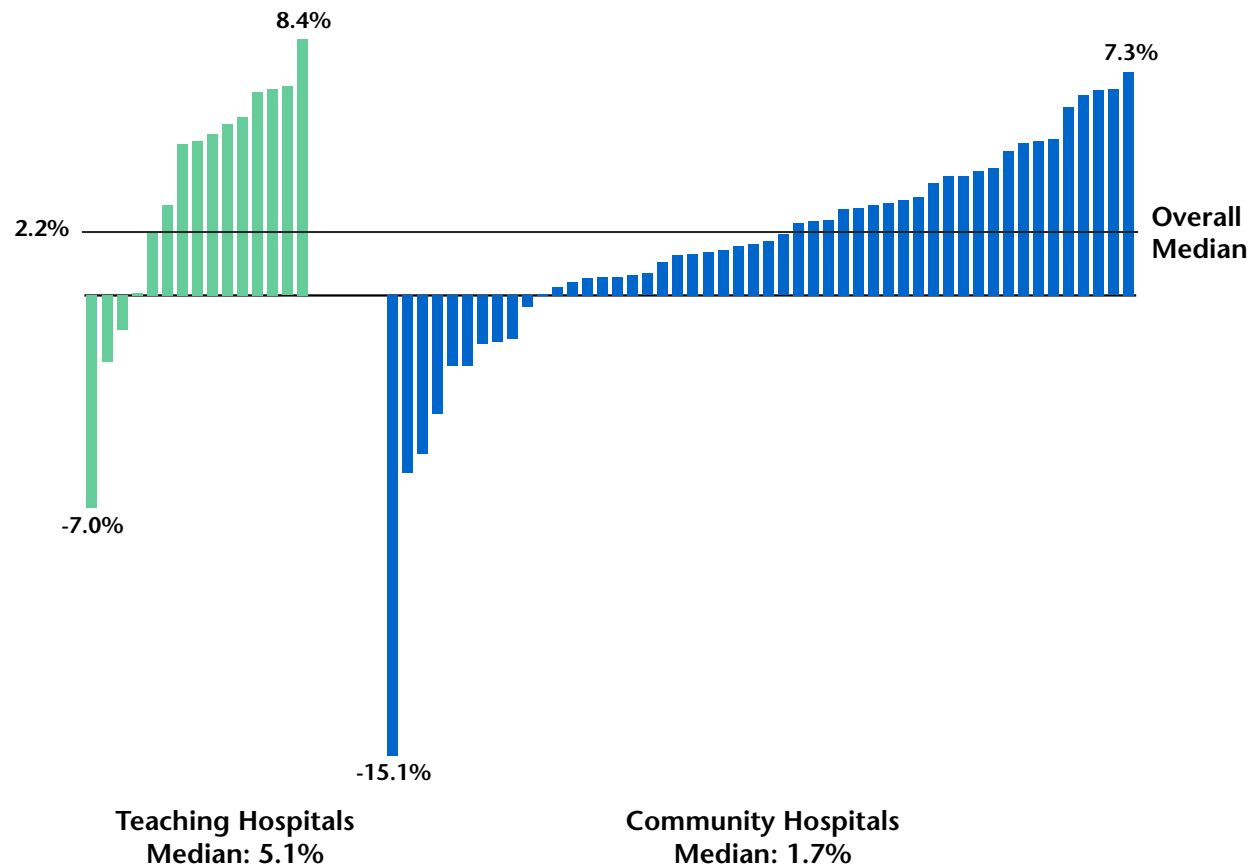
Consulting based on the hospital financial database used for the 2010 Almanac of Hospital Financial and Operating Indicators, INGENIX

Percentile represents a value below which, or above which, a certain percent of all values fall. For example, a 50th percentile value of 1.6% means that one half of all hospitals for whom data are reported had a non-operating margin ratio of less than 1.6% and one-half had a ratio above 1.6%.

Notes: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Margins are based on 66 hospitals in FY03 through FY07 and 65 in FY08 and FY09.

Source: DHCFP Acute hospital audited financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

Total Margin by Teaching Status for Fiscal Year 2009



The overall financial performance of acute hospitals varies widely by teaching status.

Three teaching hospitals (20%) reported losses in FY09 compared with five (33%) in FY08. Ten community hospitals (20%) reported losses in FY09 compared with eighteen (36%) in FY08.

Benchmark: Northeast US median FY08 = 0.9%

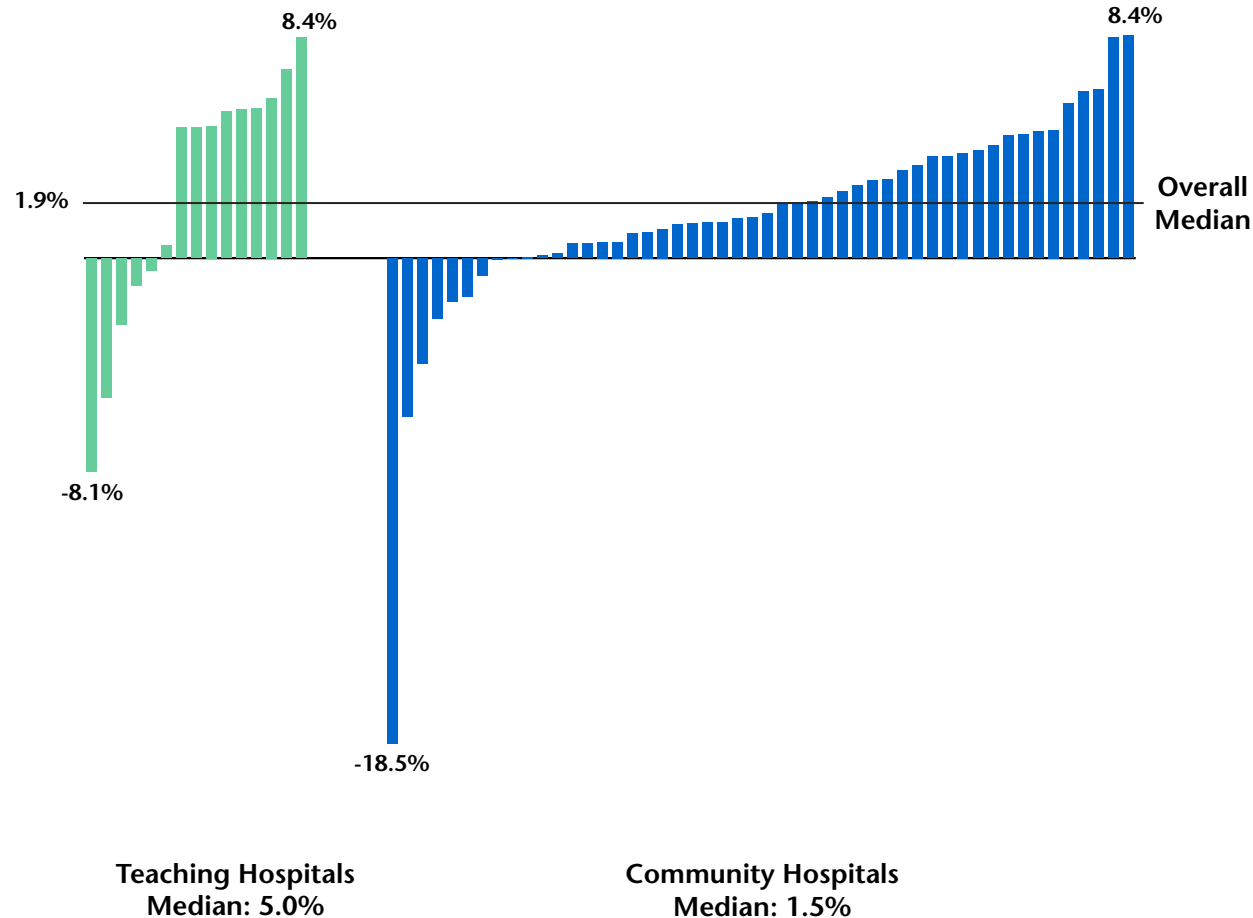
Benchmark Source: 2010 Almanac of Hospital Financial and Operating Indicators, INGENIX

For detailed information on hospital financials for specific hospitals, see Study of the Reserves and Surpluses of Hospitals in Massachusetts. See also DHCFP's 2009 Hospital Financial Report.

Notes: Total margin is calculated by dividing total income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Since Mercy Hospital has a December 31 FYE, FY09 data were unavailable for this analysis.

Source: DHCFP Acute hospital audited financial data.

Operating Margin by Teaching Status for Fiscal Year 2009



Operating margin performance varied widely by teaching status in FY09.

Five teaching hospitals (33%) and nine community hospitals (18%) reported operating losses in FY09.

Benchmark: Northeast US median FY08 = 0.9%

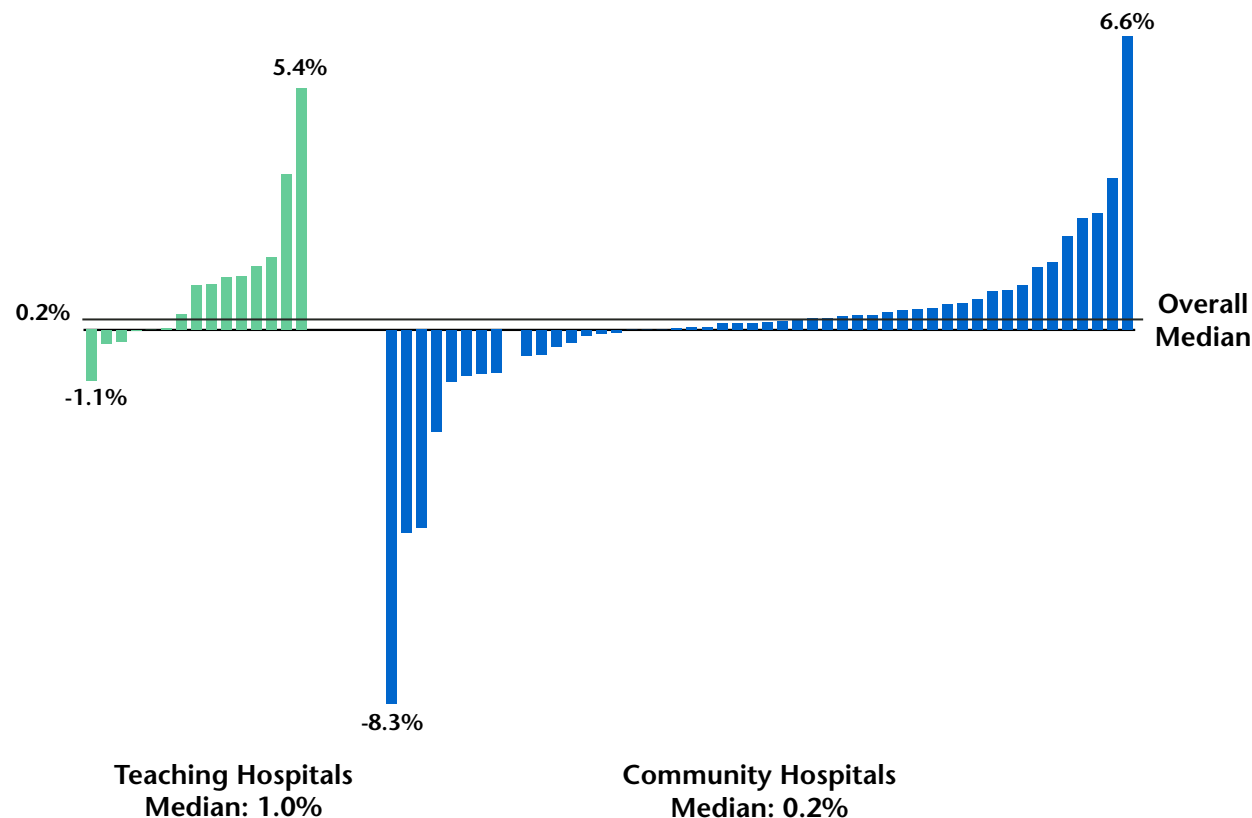
Benchmark Source: INGENIX

Consulting based on the hospital financial database used for the 2010 Almanac of Hospital Financial and Operating Indicators, INGENIX

For detailed information on hospital financials for specific hospitals, see Study of the Reserves and Surpluses of Hospitals in Massachusetts. See also DHCFP's 2009 Hospital Financial Report.

Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Since Mercy Hospital has a December 31 FYE, FY09 data were unavailable for this analysis.
Source: DHCFP Acute hospital audited financial data.

Non-Operating Margin by Teaching Status for Fiscal Year 2009



Four teaching hospitals (27%) and nineteen community hospitals (39%) reported non-operating losses in FY09.

Benchmark: Northeast US median FY08 = 0.07%

Benchmark Source: INGENIX

Consulting based on the hospital financial database used for the 2010 Almanac of Hospital Financial and Operating Indicators, INGENIX

For detailed information on hospital financials for specific hospitals, see Study of the Reserves and Surpluses of Hospitals in Massachusetts. See also DHCFP's 2009 Hospital Financial Report.

Notes: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal year ends (FYE) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Since Mercy Hospital has a December 31 FYE, FY09 data were unavailable for this analysis.
Source: DHCFP Acute hospital audited financial data.

Hospital Financial Performance

Hospital Fiscal Year 2009

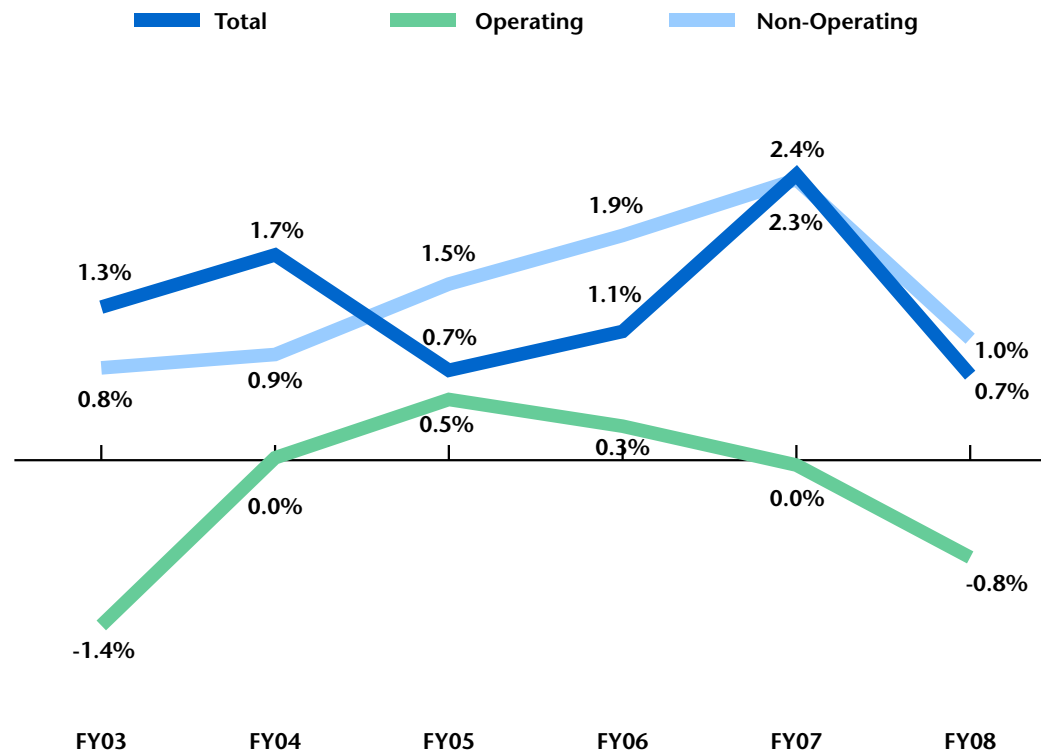
Teaching Hospitals	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Baystate Medical Center	7.17%	-0.30%	6.86%	\$59,557,000
Beth Israel Deaconess Medical Center	0.47%	1.61%	2.07%	\$26,070,000
Boston Medical Center	-2.53%	1.41%	-1.13%	(\$11,329,000)
Brigham and Women's Hospital	5.03%	0.03%	5.06%	\$105,500,000
Cambridge Health Alliance	-8.13%	1.17%	-6.96%	(\$36,959,000)
Caritas St. Elizabeth's Medical Center	6.10%	-0.25%	5.85%	\$22,336,000
Children's Hospital Boston	5.58%	1.19%	6.78%	\$88,388,000
Dana-Farber Cancer Institute	-5.30%	5.39%	0.09%	\$734,917
Lahey Clinic	4.60%	0.99%	5.63%	\$49,315,000
Massachusetts Eye and Ear Infirmary	-0.48%	3.46%	2.98%	\$6,623,000
Massachusetts General Hospital	4.97%	0.00%	4.97%	\$131,887,000
Mount Auburn Hospital	5.67%	1.02%	6.68%	\$19,617,000
Saint Vincent Hospital	8.41%	-0.01%	8.41%	\$26,792,000
Tufts Medical Center	-1.04%	-1.14%	-2.18%	(\$13,250,000)
UMass Memorial Medical Center	4.97%	0.34%	5.31%	\$70,615,000
Community Hospitals	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Anna Jaques Hospital	2.55%	-0.06%	2.49%	\$2,664,000
Athol Memorial Hospital	-6.03%	0.19%	-5.84%	(\$1,314,000)
Baystate Franklin Medical Center	-0.01%	0.69%	0.68%	\$74,000
Baystate Mary Lane Hospital	0.62%	2.50%	3.12%	\$1,042,000
Berkshire Medical Center	0.17%	-0.55%	-0.38%	(\$1,242,000)
Beth Israel Deaconess Hospital-Needham	3.36%	0.33%	3.69%	\$1,796,000
Cape Cod Hospital	2.30%	0.56%	2.86%	\$10,711,000
Caritas Carney Hospital	4.29%	0.45%	4.75%	\$5,701,000
Caritas Good Samaritan Medical Center	6.42%	0.17%	6.58%	\$12,991,000
Caritas Holy Family Hospital	4.09%	0.00%	4.09%	\$6,016,000
Caritas Norwood Hospital	2.17%	0.26%	2.43%	\$3,893,000
Clinton Hospital	1.33%	1.50%	2.83%	\$743,000
Cooley Dickinson Hospital	4.68%	0.40%	5.08%	\$8,535,000
Emerson Hospital	0.55%	-0.28%	0.28%	\$494,000
Fairview Hospital	2.05%	-0.37%	1.68%	\$656,000
Falmouth Hospital	5.90%	0.85%	6.76%	\$9,590,000
Faulkner Hospital	1.54%	0.24%	1.78%	\$3,215,000

Community Hospitals	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Hallmark Health	4.81%	1.39%	6.20%	\$17,151,000
Harrington Memorial Hospital	3.55%	-0.57%	2.98%	\$2,578,000
Health Alliance Hospital	4.71%	0.30%	5.01%	\$8,362,000
Heywood Hospital	1.11%	-0.66%	0.45%	\$404,000
Holyoke Medical Center	0.56%	0.06%	0.62%	\$732,000
Hubbard Regional Hospital	Closed			
Jordan Hospital	1.00%	0.44%	1.44%	\$2,694,000
Lawrence General Hospital	1.29%	0.04%	1.33%	\$2,295,000
Lowell General Hospital	2.77%	-1.15%	1.62%	\$3,484,000
Marlborough Hospital	1.50%	0.88%	2.38%	\$1,600,000
Martha's Vineyard Hospital	0.95%	2.09%	3.04%	\$1,494,000
Mercy Medical Center	NA	NA	NA	NA
Merrimack Valley Hospital	-2.32%	0.00%	-2.32%	(\$1,296,000)
MetroWest Medical Center	-4.03%	0.15%	-3.88%	(\$9,616,000)
Milford Regional Medical Center	4.88%	0.26%	5.15%	\$9,634,000
Milton Hospital	-0.04%	-2.27%	-2.32%	(\$1,510,000)
Morton Hospital and Medical Center	3.87%	0.32%	4.19%	\$5,502,000
Nantucket Cottage Hospital	-18.50%	3.39%	-15.10%	(\$5,005,000)
Nashoba Valley Medical Center	1.35%	0.00%	1.35%	\$604,000
New England Baptist Hospital	0.61%	2.61%	3.22%	\$6,043,000
Newton-Wellesley Hospital	3.86%	0.05%	3.91%	\$14,088,000
Noble Hospital	-1.66%	0.14%	-1.52%	(\$844,000)
North Adams Regional Hospital	-0.68%	-4.53%	-5.21%	(\$3,086,000)
North Shore Medical Center	1.35%	0.15%	1.50%	\$6,613,000
Northeast Hospital Corporation	1.70%	-0.98%	0.72%	\$2,295,000
Quincy Medical Center	-1.47%	-0.13%	-1.60%	(\$1,760,000)
Saint Anne's Hospital	6.36%	0.99%	-7.35%	\$10,627,000
Saints Medical Center	0.09%	0.49%	-0.58%	\$783,000
Signature Healthcare Brockton Hospital	2.11%	-1.01%	-1.10%	\$2,230,000
South Shore Hospital	3.00%	-4.42%	-1.42%	(\$5,458,000)
Southcoast Hospitals Group	2.96%	-0.96%	2.00%	\$12,308,000
Sturdy Memorial Hospital	8.39%	-8.33%	0.06%	\$82,000
Winchester Hospital	4.00%	-0.08%	3.92%	\$10,005,000
Wing Memorial Hospital	0.04%	0.59%	0.62%	\$440,000

Notes: Since Mercy Hospital has a December 31 FYE, FY09 data were unavailable for this analysis.

Sources: DHCFP Acute hospital audited financial data, for more information, please visit <http://www.mass.gov/dhcfp>. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

CHC Median Financial Margins by Fiscal Year

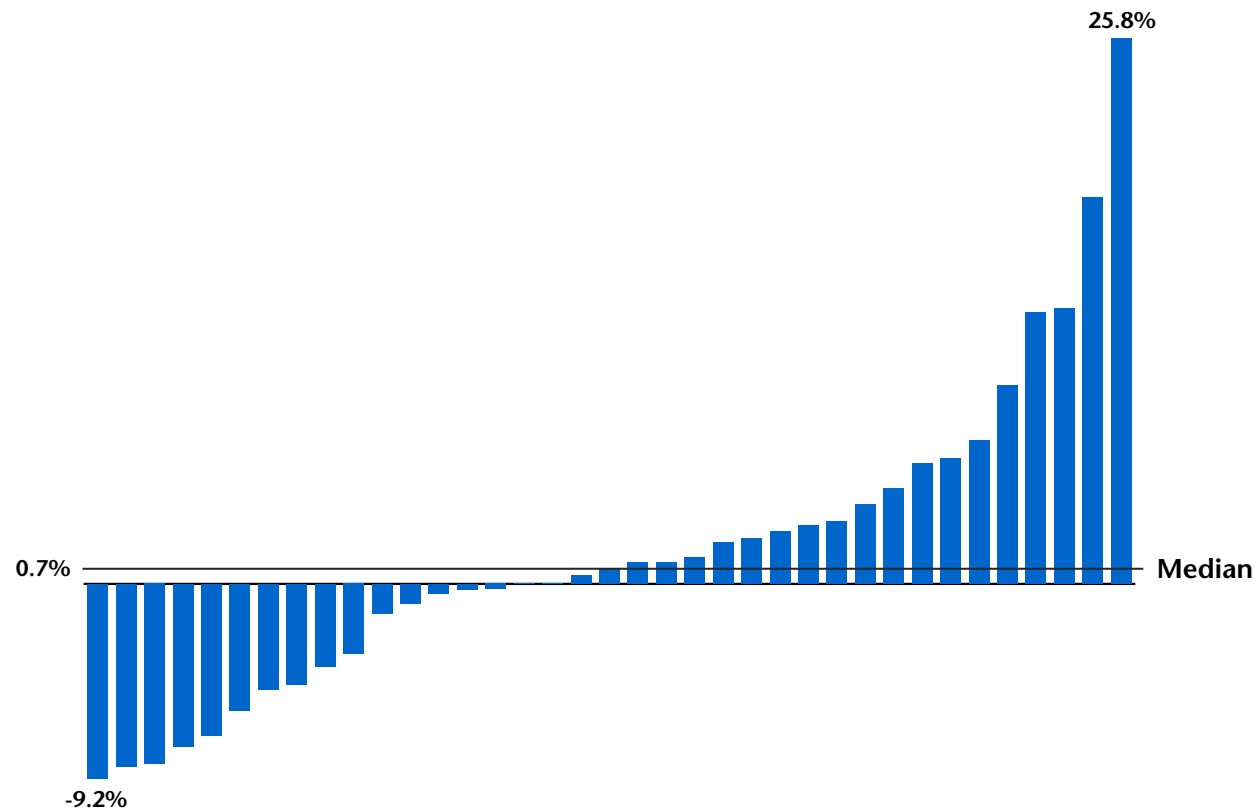


Total margins for community health centers (CHCs) have remained positive during the six years from FY03 to FY08, largely due to positive non-operating margins.

CHCs experienced an overall decline in financial performance in FY08.

Notes: Fiscal year ends (FYE) vary across CHCs: of 37 CHCs, 30 have a June 30 FYE, four have a September 30 FYE, two have a December 31 FYE, and one has a July 31 FYE. Source: CHC audited financial statements for freestanding CHCs from FY03 through FY08.

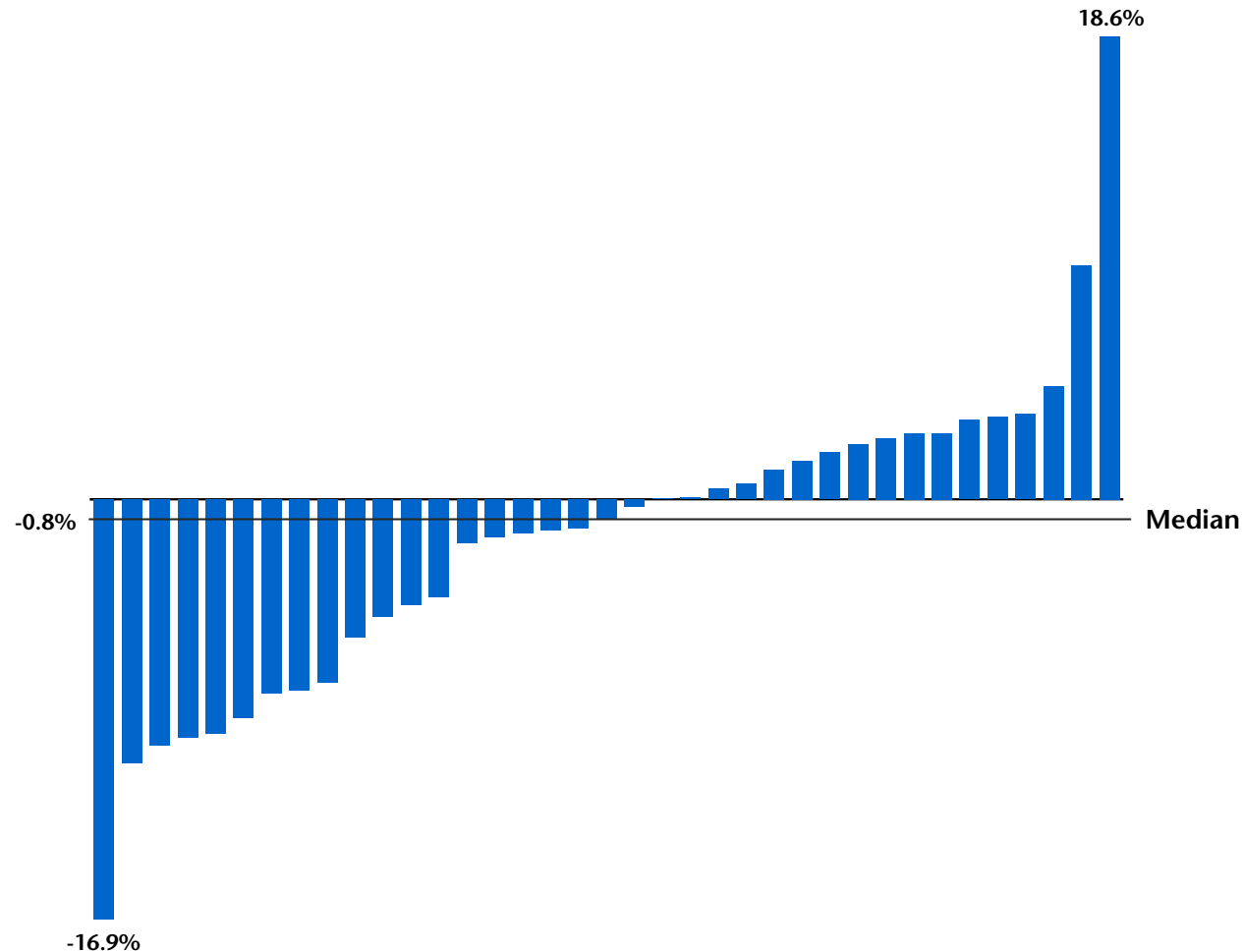
CHC Total Margin in Fiscal Year 2008



The total margin for community health centers (CHCs) ranged from -9.2% to 25.8% in their 2008 fiscal year. Over half of CHCs (22 of 37) experienced positive total margins.

Note: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal year ends (FYE) vary across CHCs: of 37 CHCs, 30 have a June 30 FYE, four have a September 30 FYE, two have a December 31 FYE, and one has a July 31 FYE. Source: CHC audited financial statements for 37 freestanding CHCs in FY08.

CHC Operating Margin in Fiscal Year 2008

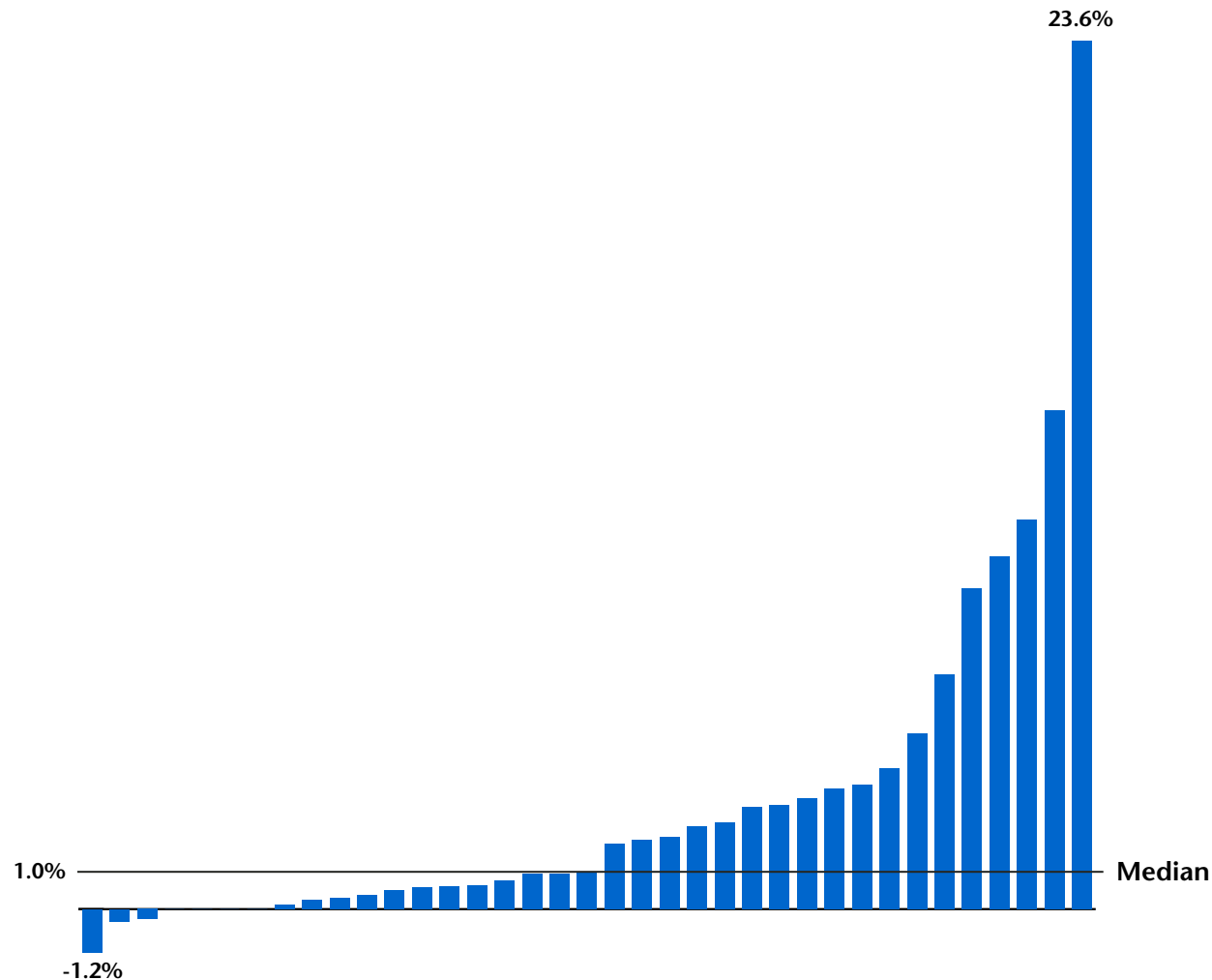


Operating margins for community health centers (CHCs) ranged from -16.9% to 18.6% in their 2008 fiscal year. Over one-half of CHCs (20 of 37) lost money on operations.

Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal year ends (FYE) vary across CHCs: of 37 CHCs, 30 have a June 30 FYE, four have a September 30 FYE, two have a December 31 FYE, and one has a July 31 FYE.
Source: CHC audited financial statements for 37 freestanding CHCs in FY08.

CHC Non-Operating Margin in Fiscal Year 2008

Non-operating margins for community health centers (CHCs) ranged from -1.2% to 23.6% in their 2008 fiscal year.



Note: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal year ends (FYE) vary across CHCs: of 37 CHCs, 30 have a June 30 FYE, four have a September 30 FYE, two have a December 31 FYE, and one has a July 31 FYE.
Source: CHC audited financial statements for 37 freestanding CHCs in FY08.

Community Health Center Financial Performance

in Fiscal Year 2008

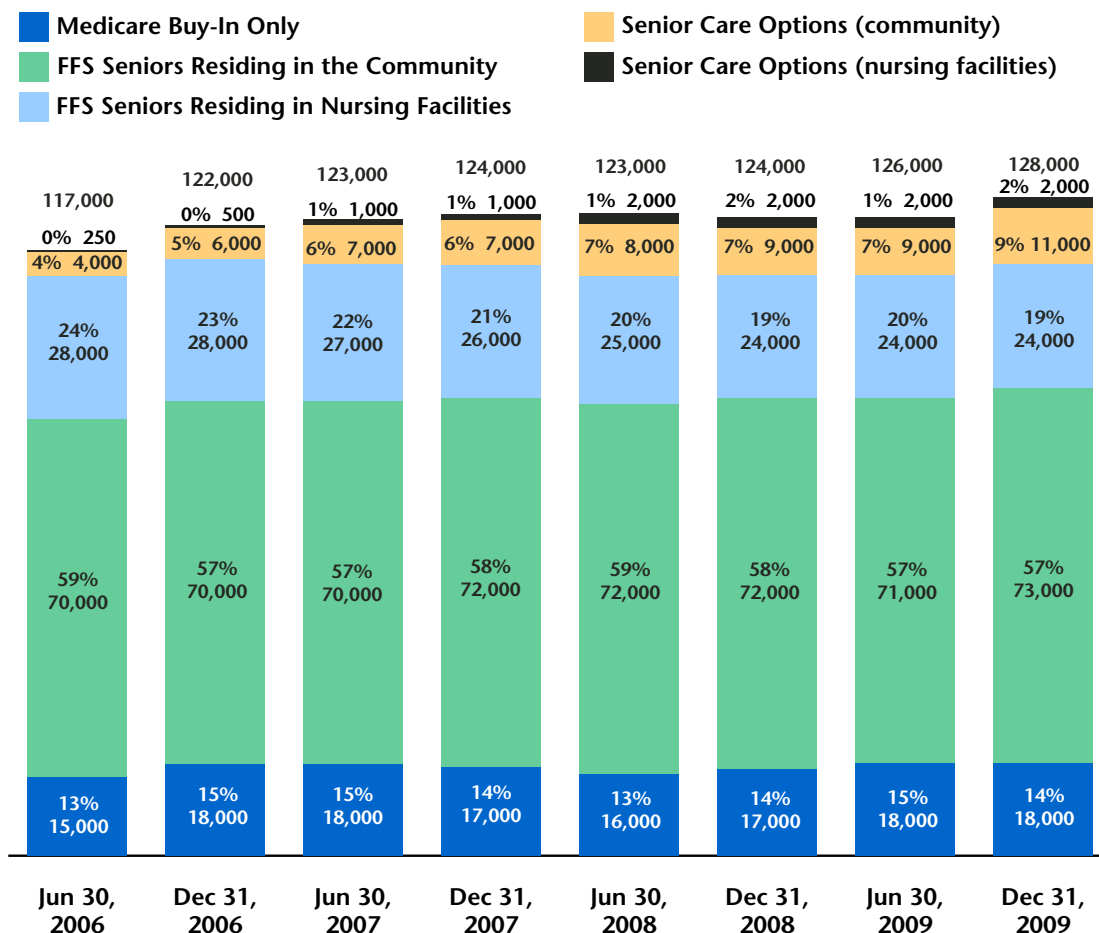
Community Health Centers	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Boston Health Care for the Homeless Program	2.2%	23.6%	25.8%	\$8,581,000
Brockton Neighborhood Health Center	-7.3%	-1.2%	-8.5%	(\$992,000)
Caring Health Center, Inc.	-0.8%	0.4%	-0.4%	(\$53,000)
Community Health Center of the Berkshires	3.3%	9.6%	12.8%	\$770,000
Community Health Center of Cape Cod	-16.9%	13.5%	-3.3%	(\$131,000)
Community Health Center of Franklin County, Inc.	-10.6%	1.9%	-8.6%	(\$382,000)
Community Health Connections Family Health Center	3.4%	3.4%	6.8%	\$910,000
Community HealthLink	0.0%	0.0%	0.0%	\$10,000
Dimock Community Health Center	-7.7%	8.7%	1.0%	\$298,000
Duffy Health Center	-1.7%	2.8%	1.0%	\$33,000
Family Health Center of Worcester	-5.5%	0.5%	-5.0%	(\$1,070,000)
Fenway Community Health Center	2.5%	10.6%	13.0%	\$3,584,000
Great Brook Valley Health Center	-4.7%	4.8%	0.0%	\$10,000
Greater Lawrence Family Health Center, Inc.	9.4%	0.0%	9.4%	\$3,615,000
Greater New Bedford Community Health Center, Inc.	1.9%	3.8%	5.7%	\$772,000
Harbor Health Services, Inc.	-1.2%	1.0%	-0.2%	(\$89,000)
Harvard Street Neighborhood Health Center	-1.2%	0.2%	-0.9%	(\$80,000)
HealthFirst Family Care Center, Inc.	-9.9%	0.6%	-9.2%	(\$386,000)
Hilltown Community Health Centers, Inc.	0.1%	-0.3%	-0.3%	(\$14,000)

Community Health Centers	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Holyoke Health Center, Inc.	1.2%	0.8%	2.0%	\$410,000
Island Health Care	1.5%	0.9%	2.5%	\$28,000
Joseph M. Smith Community Health Center	2.7%	3.3%	5.9%	\$594,000
Lowell Community Health Center	2.6%	0.3%	2.9%	\$554,000
Lynn Community Health Center	0.6%	0.6%	1.2%	\$347,000
Manet Community Health Center, Inc.	-1.4%	1.8%	0.4%	\$36,000
Mattapan Community Health Center	-1.5%	0.1%	-1.4%	(\$77,000)
North End Community Health Center	-0.3%	1.0%	0.7%	\$63,000
North Shore Community Health, Inc.	3.2%	0.6%	3.8%	\$208,000
Outer Cape Health Services, Inc.	-9.4%	2.2%	-7.2%	(\$429,000)
River Valley Counseling Center	4.5%	0.0%	4.5%	\$277,000
Roxbury Comprehensive Community Health Center	-8.8%	2.8%	-6.0%	(\$516,000)
Sidney Borum, Jr. Health Center	-3.9%	0.0%	-3.9%	(\$77,000)
South Cove Community Health Center	18.6%	-0.3%	18.3%	\$4,076,000
South End Community Health Center	-7.8%	3.0%	-4.8%	(\$401,000)
Stanley Street Treatment and Resources	0.4%	2.4%	2.8%	\$410,000
Upham's Corner Health Center	-9.5%	1.9%	-7.7%	(\$1,698,000)
Whittier Street Health Center	-4.2%	6.4%	2.1%	\$235,000

Source: CHC audited financial statements for 37 free standing CHCs in FY08.

MassHealth Members

Ages 65+

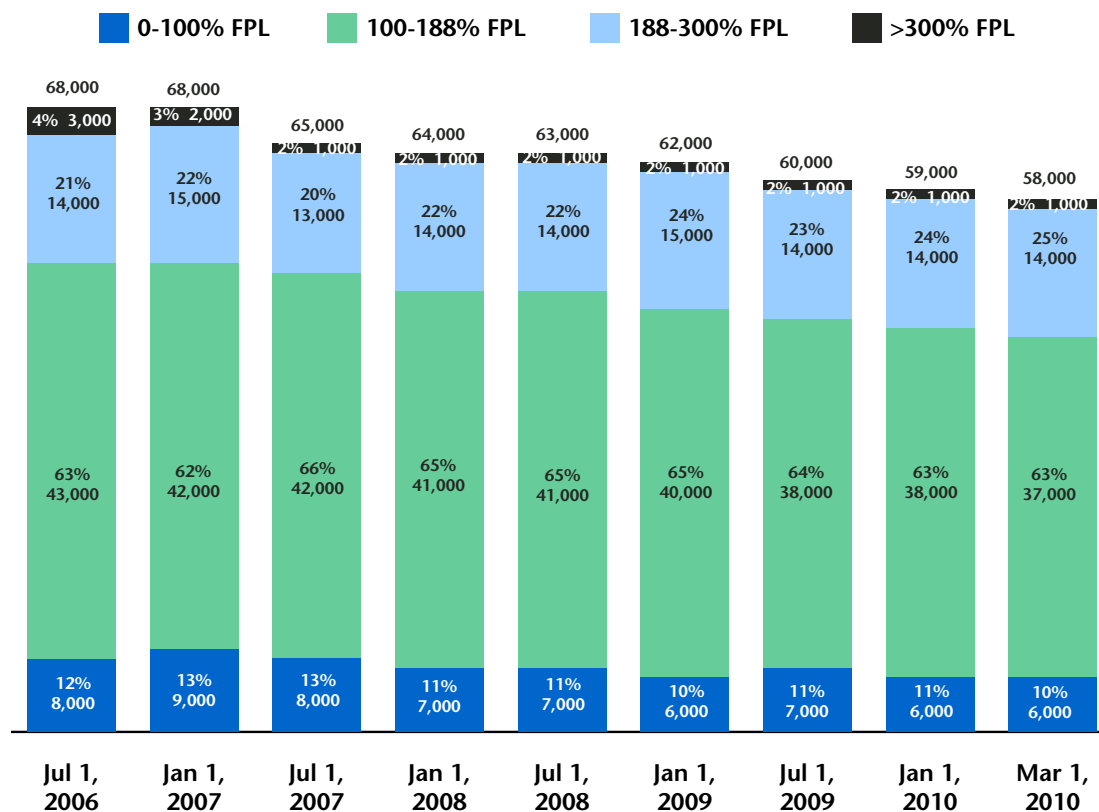


From June 30, 2006 to December 2009, MassHealth members ages 65 and older enrolled in Senior Care Options (SCO) increased from 4% to 10% of total enrollment. This growth may be due, in part, to SCO's focus on integrated care for members, which brings together Medicare, MassHealth, and home care services in one place, coordinated through a primary care doctor.

Seniors with MassHealth coverage residing in nursing facilities (including those enrolled in and those not enrolled in SCO) declined from 24% to 19% over the same period.

Notes: "FFS"= fee for service. Numbers may not sum to totals due to rounding.
Source: MassHealth Monthly Enrollment Snapshot Report as of December 2009.

Enrollees in Prescription Advantage Ages 65+ by Percent of FPL



Approximately 7% of Massachusetts residents ages 65 and older are enrolled in Prescription Advantage in 2009. Total enrollment in the program has been declining since July 2006.

Three-quarters (75%) of those enrolled have incomes below 188% of the federal poverty level (FPL).

Prescription Advantage (PA) is a prescription drug insurance plan available to Massachusetts residents ages 65 and older. The plan is also available to younger individuals with disabilities who meet income and employment eligibility. PA offers two types of coverage: income-based supplemental assistance for individuals with Medicare, and assistance with plan copayments for members enrolled in creditable coverage plans.

Note: Numbers are rounded to the nearest thousand and may not sum to totals.

Sources: Massachusetts Executive Office of Elder Affairs; US Census estimates are used to calculate the percent of Massachusetts residents ages 65 and older enrolled in Prescription Advantage; as of July 1, 2008, 871,098 people ages 65 and older estimated to be living in Massachusetts.

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